31. DATE FILED (Month, Day, Year)
MAY 08 91

19	1. DECEDENT'S NAME (First, Middle, Last	"	1	C .	DEATH	2. DATE OF	DEATH DAY	, YE	3. TIME OF
-1	COLDED	Haroic	W.	SCAL	_	05	04	9	1 13
	4. SOCIAL SECURITY NUMBER 220-01-9849	5. SEX 8. AGE	(In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF I		C	NATHPLACE (State Country) W JERES
=	96. FACILITY NAME (If not institution, give	street and number)	ma	96. CITY, TOWN	OR LOCATION OF	DEATH		C. COUNTY	
RECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUN	IV TOOK TOO	10c. CIT	Y, TOWN OR LOC	11	<u>, 114 C</u>	4	COCI	10d. INSIDE
DIREC		USSEX	I	DELMAR					1 💢 YES
ERAL	7 12 GROVE STREI	ET		1	19940		10	USA	OF WHAT COUNT
BY FUNER	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR AIR FORCE	S 2 ND DATES	If yes, o	CENDENT OF HISP specify Cuban, Mexi S 2 NO Specific	can, Puerto Rica			RACE — American Black, White, atc. Specify:
E0 B	15. DECEDENT'S ED	DUCATION	16a, DECEDENT'S			16b. KII	ID OF BUSINE	ESS/INDUST	WHI
LET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us		nost of working				
COMPLET	12 YEARS  17. FATHER'S NAME (First, Middle, Last)	NO	SERGI	EANT	18 MOTHEDIO	NAME (First, Midd	MILITA		
	RICHARD	S. SCUI	LL		ABBEY	TOME (FIST, MIGG	rs, merden SUN		NDELL
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING		end Number or Run				
-	STELLA C. SCULL-T	10101			, DELMAR		_		A. Tana A.
	1 🖰 Burial 2 🗆 Cremation 3 🗆 Re 4 🗆 Donation 5 🗀 Other (Specify)	emoval from State	of cemetary, crematory NELSONS (	or other place)	(Name	DATE		MOKE,	or Town, State
	21. SIGNATURE OF PUNERAL SERVICE	all.	1		AND ADDRESS OF DWAY FUNI SNOW HILI			5	
	23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	or complications that the search on the control of	each line.  MR In h os a consequence o	501 S	SNOW HILI	L RD, S uch as cardiac	ALISBU Dr respirat	JRY, N	4D 2180
ERTIFICATION	23. PART I. Enter the diseases, o shock, or heart failure iMMEDIATE CAUSE (Final disease or condition	a	MR A NO S A CONSEQUÊNCE O	501 S not anter the m  7( F): Sporat	SNOW HILI	L RD, S  uch as cardiac  racture	ALISBU or respirat	JRY, Norman	AD 2180
MEDICAL CERTIFI	23. PART i. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	S A CONSEQUENCE O	501 S not anter the m  7( F): F): Sporat	SNOW HILL  mode of dying, as  bial F-	L RD, S  uch as cardiac  Facture  Distra	ALISBU or respirat	Synch	AD 2180
MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO (OR AS	S A CONSEQUENCE OF A CO	501 S not anter the m	SNOW HILL  mode of dying, as  bial F-	L RD, S  L R	ALISBU DO respirat	Synch	AD 2180 Appn Inten Onse  24b. WERE AUTO AMALABLE F COMPLETIO OF DEATH?
MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST  PART II. Other significant conditions.  PART II. Other significant conditions.	a. DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS	S A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  Dut not resulting  utpetient 3 □ DOA	501 S not anter the m  7( F):  5p r cut  in the underlyi  Cother:  4 \( \text{Nursing H} \)  4E OF \( 28c. 1 \)	SNOW HILL  mode of dying, so  bial F-  my  ing cause given	In Part I. 24  Check only one)  10 In Check only one)  11 In Part I. 24	ALISBU DO respirat  S.  S.  S.  S.  S.  S.  S.  S.  S.  S	Synch	Appn Inten Onse  24b. WERE AUTO MAILABLE I COMPLETIO OF DEATH?  1 YES
PHYSICIAN: MEDICAL CERTIFI	23. PART i. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	a. DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (O	S A CONSEQUENCE O  A CONSEQUENCE O  B A CONSEQUENCE O  Dut not resulting  utpetient 3 □ DOA  Y  28b. Till  IN	501 S not enter the m  A 7( F): F):  Spore(4)  In the underlying the second sec	SNOW HILI brode of dying, se brack F-  fing cause given  PLACE OF DEATH (	In Part I. 24  Check only one)  28d. DESCR	ALISBU Do respirat  S.  S.  S.  S.  S.  S.  S.  S.  S.  S	Synch	Appn Inten Onse  24b. WERE AUTO MAILABLE I COMPLETIO OF DEATH?  1 YES
BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions or cause in the cause of t	DUE TO (OR AS  DUE TO	S A CONSEQUENCE O  A CONSEQUENCE O  B A CONSEQUENCE O  B Dut not resulting  utpatient 3 DOA  Y  28b. Till  IN.  RY — A1 home, farm, poorly)	501 S not enter the m  7( F): F): Sport cut  In the underlyi  OTHER: 4   Nursing Ho JURY  Nursing Ho street, factory, of	SNOW HILL  mode of dying, se  bial F-  fing cause given  PLACE OF DEATH (  pome 5   Residence  NUMBY AT  WORK?  YES 2   NO	in Part i. 24  Check only one)  28 Other (S  281, LOCATE	ALISBU DO respirat  S.  AWAS AN AU PERFORME VES 2  DECITY) DECITY VES 1	Synch  TOPSY ED7  LNO	Appn Inten Onse  24b. WERE AUTO MAILABLE I COMPLETIO OF DEATH?  1 YES
BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST  PART II. Other significant conditions, if any, leading in death and in the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation investigation in the disease of could not be determined.	B. DUE TO (OR AS	S A CONSEQUENCE O  A CONSEQUENCE O  B A CONSEQUENCE O  B DUT NOT resulting  Utpetient 3 DOA  TY  28b. Tilk  IN  ULB  IRY — Al homa, farm, pocify)  UNIX	501 S not anter the m  7( F): F): Sporat  In the underlyi  28. OTHER: 4   Nursing He AE OF JURY  1   Street, factory, of	SNOW HILI hoda of dying, se bial F-  place of Death ome 5 Residence NJURY AT NORK? YES 2 NO	in Part i. 24  Check only one)  28d. DESCR  28f. LOCATH  City or 1	ALISBU Or respirat  S.  La. WAS AN AU PERFORME VES 2   Decity)  IBE HOW INJU- HOR INJU	Synch  Tropsy ED7  LNO  Number or F  Wall  Number or F  Wall	Appn Inten Onse 24b. WERE AUTO AMALABLETIO OF DEATH?  1 YES
PHYSICIAN: MEDICAL CERTIFI	23. PART i. Enter the diseases, o shock, or heart failure immediate cause. (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigations of Suicide 8 Could not be determined.  29e. CERTIFIER (Check only)	DUE TO (OR AS  DUE TO	S A CONSEQUENCE O  A CONSEQUENCE O  B A CONSEQUENCE O  B DUT NOT resulting  University  LIPY — Al home, farm, pecify)  LIPY — Al home, farm, pecify  LIPY —	Sporate and an anter the modern of the street, factory, of the street, factory	SNOW HILI  node of dying, se  bial F-  place of Death  ome 5 Residence  NAURY AT  NORK?  YES 2 NO  fice	in Part i. 24  Check only one)  28d. DESCR  28f. LOCATH  City or 1	ALISBU Do respirat  S.  La. WAS AN AU PERFORME VES 2  DO (Street and Own, State)  ON (Street and Own, State)	Synch  Tropsy ED?  I No  I Number or F  Ward  I number or F  Ward  I a stated.	Appn Inten Onse  24b. WERE AUTO AMALABLE I COMPLETIO OF DEATH?  1 YES  EO CL

32 REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

## BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  Edunard R. Savoy	2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	7. DATE OF BIRTH	a. BIRTH	IPLACE (State or Foreign
	214-52-6773 N/ M 2 - F 44 YRS. MONTHS DAYS HOURS MIN.	Month, Day, Your 47	Na	sh. D.C.
DIRECTOR	90. FACILITY NAME (If not Institution, give street and number)  Anne Avundel Medical Center Anna polis  RESIDENCE OF DECEDENT	EATH 96	Anne	1Arundel
REC	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	Md PD Lannam  100. STREET AND NUMBER	Lao	og. CITIZEN OF V	1 YES 2 NO
FUNERAL	4814 Jepperson St 20701	e	0.5	5.
BY	11. MARITAL STATUS  1 Never Merried  2 Merried  12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES  13. WAS DECEMBENT OF HISPAI If yes, apocify Cuben, Maxice 1 YES 2 NO Specification of the company of	n, Puerto Rican, etc.)	No 14. RACE Black Speci	E—Americen Indien, k, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5+)  1.7 J.h.  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refined.)  TOCK Main and College (1-4 or 5+)	16b. KIND OF BUSINE	ss/INDUSTRY	il Lines
MO	17. FATHER'S, NAME (First, Middle, Last)	ME (First, Middle, Meiden Surr	name)	, ,
BEC	Robert Edward Savoy Mario	n Elizabe	th 1	VISON
5	190. INFORMANT'S NAME (Type/Print) GWENDOLYN Savoy  1906. MAILING ADDRESS (Street and Number or Rural 3623 Silver Park I	Poute Number, City or Town, St. Dr. #303 Su	tate, Zip Code)	1. Md. 20146
	20e. VETHOD OF DISPOSITION  1	Com Ch	e fen	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FA	CILITY		
	Martell adams Adams Funeral	Home, Agu	ascr /	Ud. 20608
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ahock, or heart fellure. List only one cause on each line.	h as cardiac or respirate	ory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. GAT CIZIC CANCER	64000		Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):	7010		
N	Sequentially list conditions,			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING			
IFIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEDUENCE OF):			
ERT	resulting in death) LAST			
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24a. WAS AN AUT PERFORME		. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
DICAL		1   YES 2		COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME		_		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C)	neck only one)		
SICI	EXAMINER?  1 USE 2 ANO  HOSPITAL:  1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence			
ЭНУ	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT MANNER OF DRAY YEARS	28d. DESCRIBE HOW INJU	JRY OCCURED	
BY I	Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO			
COMPLETED	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined	28f. LOCATION (Street end City or Town, State)	Number or Rural	Route Number,
IPLE	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and during one)			
CON	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the			
BE	THE DA STUART SELLVICK DOS	-/	DATE SIGNED	(Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)	SIFNAN	KUN ST	-
	STANLEY / WATKINS IN MO STUART SELONIUS	ANNA	POLIS Y	10415 an
	31. DATE FILED (MONTH, Day, Year)  32. REGISTRAR'S SIGNATURE  Lie Davidson-Randelli			

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) FRAN CIS	. 1. 7	ARTAG	LIN	0	2. DATE O	F DEATH DAY	47	T. 35f
	4. SOCIAL SECURITY NUMBER 4-87-46-7916			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	Day, Year)	Country)	LACE (State or Foreign
ECTOR	98. FACILITY NAME (If not institution, give LIVIDGSTON RESIDENCE OF DECEDENT	street and number) HEAITH CAR	RE CENTER!	FORT	OR LOCATION OF DI WASHINGT			ITY OF DEA	TH
DIREC	10a. STATE 10b. COUNT	ARUNDEL	10e. CITY, T	OWN OR LOCA	CROE	CON	1		Od. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	167.6 CARLYLE DI			10	r. ZIP CODE	114	10g. CITI	U . E	AT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s	CENDENT OF HISPAI secify Cuben, Mexics 3 2 A NO Specif	in, Puerto Ric	(Specify Yea or No— can, etc.)	14. RACE - Black, Specify:	- American Indian, White, etc. White
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use in MEDICAL I	c done during m etired.)		18b. P	KINO OF BUSINESS/IND	USTRY	
COMPL	17. FATHER'S NAME (First, Middle, Lest) EUGENE TARTA	ACI TNO					iddie, Maiden Surname)		
BE	19a, INFORMANT'S NAME (Type/Print)	AGLINO	19b MAILING AD	DRESS (Street			NTICONE  II. City or Town, State, Zip	Code)	
임	FRANCIS A. TARTAC	GLINO, JR.					LAUREL, MAI		D 20707
	20e METHOD OF DISPOSITION 1 Daniel 2 Cremetion 3 Res	noval from State	10b. PLACE OF DISPOSITI	ON (Name of ce	metery, crematory or	_	20c. LOCATION	City or Town	n, State
	4 Donation 5 Other (Specify)		GATE OF HEA				SILVER SI	PRING	, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L	H		FRANC		LINS	FUNERAL HO.,W. SIL.	-	
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bDUE TO (OR AL	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	Bqs	CANCE				
CERT	resulting in desth) LAST	d							-
MEDICAL	PART II. Other significant condition	ns contributing to deati	but not resulting in	the undarlyli	ng ceuse given in		24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (C	heck only one	)		
PHYS	1   YES 2   MO  27. MANNER OF DEATH  1   Netural 8   Pending	1 Inpatient 2 ER/O 26a, DATE OF INJUR (Month, Day, Yea	Y 285 TIME C	OF 28c. IN	me 5 Residence	_	(Specify) CRIBE HOW INJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJU	JRY — At home, farm, stre		YES 2 NO		TION (Street end Number Town, State)	or Rural Ro	ute Number,
COMPLET	onel	SICIAN: To the best of my lun							end manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIES		200000000000000000000000000000000000000		29c. LICENSE NU	MBER	29d. DAT	E SIGNEO (	Month, Day, Year)
٥	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, Pr	rint)	che CD.	Eb	WASHingon	. 160	•/
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	LIV IVI 9	Jalan land	101	To have draft he	(,,,,	
	MAY 8 _ '91	give Daydoon	Managar						

OHMH-16 Rev 1/89

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CHIC	that
REC	requires
_	MB
Z	He
5	AN
OF	PHYSICI
DIVISION OF VITAL RECORDS, P.O. BO	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate
5	DR.
	HOSPITAL
	표
	2

		REGISTRAR		CERTII	-ICATE C	OF DEATH		REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	OEATN DAY	YEAR	3. TIME OF OEATN
	9	RICHARD L.	TALBOTT		_		MAY	5, 199	1	9:20pm
A.		4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER t YE		7. DATE OF (Month, L		8. BIRTNE Country	LACE (State or Foreign
The state of the s	1	216-22-1163	1 🔀 M 2 🗆 F	64 YRS.		INCORE MIN.		8, 1926	MARY	LAND
shoul		9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TO	WH OR LOCATION OF D	EATH	9c. CO	UNTY OF DE	ATH
0	ЕСТОЯ	HOLY CROSS HOSE	PITAL		SILV	ER SPRING		MOI	NTGOME	CRY
80	띮	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	ry	10c. CI	TY, TOWN OR LO	CATION				10d, INSIDE CITY
Page	DIR	MARYLAND MONT	GOMERY		LVER S					LIMITS?
permit. Pages		10e. STREET AND NUMBER	COLIDICI	[ 51	LIVER D	10f. ZIP CODE		10g, C		AT COUNTRY?
	3	10708 LORAIN AVEN	IIIE			20901			JSA	
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EX	ER IN U.S. ARMED		DECENDENT OF NISPA		Specify Yes or No-	14. RACE	- American Indian,
21215-0020 al or attending physician for use as the burial-tran		1 Never Married 2 Merried	FORCES? 1 (2). IF YES, GIVE WAR			i, specify Cuban, Mexic YES 2 K NO Speci		an, etc.)	Black, Specify	White, etc.
215-00 attending	ВУ	3 Widowed 4 Divorced							WHI	
atter use a	ED	15. OECEDENT'S ED (Specify only highest grad		16a. DECEOENT'	f work done durin	PATION g most of working	16b. K	IND OF BUSINESS/I	NDUSTRY	
21 for u	9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)					
AND 2 the hospital detached for	COMPLET	12		LANDSCA	PER					
/LAN by the hos be detach at once.		17. FATNER'S NAME (First, Middle, Last)						ldle, Melden Surname		
PR Ped by	BE	WILLIAM O. TA  190. INFORMANT'S NAME (Type/Print)	ALBOTT			ANNA (				
MAR retained to 5 should notified	2	The second secon	IDGAN (GTGM			eet end Number or Rural				
y be		MARJORIE LIN 200. METNOD OF DISPOSITION	DSAY (SIST	20b. PLACE AND DA		N AVENUE	SILVE	20c. LOCATION		
BALTIMORE, MARYLAND er death. Page 6 may be retained by the hospit the funeral director, page 5 should be detached val. I examiner must be notified at once.		1 N Buriel 2 Cremetion 3 Red 4 Donetion 5 Other (Specify)	movel from State	of cemetary, cremato	ry or other place					
Page al direc		21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	GEORGE WE				ADELPHI		
ALTIN death. Pag s funeral dir s. examiner		1 20/14/	006.			CIS J. COI				
BA after de by the fu moval.		Notar?	Packaey			UNIVERSITY				MD.20901
in 24 hours by filled in thation, or res		23. PART I. Enter the disease, or shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one gause	on each line.	not enter the			c or respiratory		Approximate interval Between Onset and Death
68760, xecuted with and complete burial, crem latte event			DUE TO (OR	AS A CONSEQUENCE	OF):				1	7
	Z	Sequentially list conditions,	b							4
BOX 68 cate be execut hysician and c e prior to buris er traumatic	Ĕ	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE	OF):					
W # 5 -	CERTIFICATION	CAUSE (Disesse or Injury	c	AS A CONSEQUENCE	OE)·					<del> </del>
P.O. B ath certificate tending physial Hygiene p or other	Ē	that initiated events resulting in deeth) LAST	202.10 (01.	THE RESERVE TO SERVE	o.,.					
S, P.  le death c  the attend  Mental Hy  jury, or	병		d							+
		PART II. Other significant condition	ons contributing to de	ith but not resulting	in the under	iying ceuse given i	n Part I. 2	4a. WAS AN AUTOPS PERFORMED?	Y 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
COR ires that signed by fealth and	EDICAL						_   -	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
111 3 - 5	ME								- 1	1   YES 2   NO
AL RE e law requi has been s Dept. of H	÷ l									
ITAL V: The law cate has b State Dept. Item 23	N N	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?				6. PLACE OF DEATH (C	Check only one)			
VITA	SIC	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   EF	VOutpetient 3 □ DOA	OTHER:	Home 5 - Residence	6 Other	Specify)		
H = 8 = -	PHYSICIAN:	27. MANNER OF CEATN	28e. DATE OF INJ (Month, Day, 1	URY 26b. T	IME OF 284	: INJURY AT WORK?	28d. DESC	RIBE NOW INJURY	OCCURED	
ION OF NOING PHYS I: After this of r death with Is marked	ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO		1		
DIVISION DR ATTENDING F DIRECTOR: After hours after death item 28 is mar	0	3 Suicide 6 Could not b	28e. PLACE OF IN building, etc.	JURY — At home, farm (Specify)	, street, fectory,	office		TON (Street end Num Town, State)	ber or Rural A	oute Number,
VIS ATTER ATTER ECTOR IS after IN 28	ETE	4 Homicide determined								
	COMPLET	Torroom orniy	SICIAN: To the best of my	knowledge, death occu	irred at the time,	data end place, end du	e to the cause	e(e) end manner as i	stated.	
HOSPITAL FUNERAL within 72 P	8	one) 2 MEDICAL EXAMI	NER: On the basic of exam	ination and/or investiga	tion, in my opini	on, death occured at th	ne time, date a	nd place, end due to	the ceuse(s)	end menner ee stated.
M With		29b. SIGNATURE AND TITLE OF CERTIF	ER			29c. LICENSE N	UMBER	29d. D	ATE SIGNED	(Month, Day, Year)
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	O BE	do han 7	land	- no		708	54	6	5-	6-91
1	2	30. NAME AND ADDRESS OF PERSON V	NO COMPLETED CAUSE (	OF DEATH (ITEM 27) (Ty	pe, Print)					
5+1	I J		M.D. 8218	WISCONSIN	AVENU	E #414 BET	HESDA	MARYLAN	ID 208	14
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE						
		MAV 8 _ '91	wia David	son Randell						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to find within 70 hours after death with the State Dect. of Health and Mental Horlene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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d with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first within 25 hours after death with the State Dect of Health and Mental Hydiene prior to burial, cremation, or remoral.	EV6
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Michael

31. DATE FILED (Month, Day, Year)
MAY 10 '91

Sauri

M.D.

I. DECEDENT'S NAME (First, Middle, Last)				TOATE	- 01	DEA		2. DATE OF	DEATH			3. TIME OF DEATH
Ruth M.	Torres							MONTH May	7,	199	YEAR	12:25 H
4. SOCIAL SECURITY NUMBER	6. SEX	8. AGE (în yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER	9 24 HRS.	7. DATE OF	BIRTH	17.	S. BIRTH	IPLACE (State or Foreign
085-46-9198	1 M 2 F	36	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov.		95/	Countr	rto Rico
Sa. FACILITY NAME (If not institution, give a	street and number)			9b. CITY	, TOWN C	R LOCATI	ON DF DE		11, 1		INTY DF D	
Shady Grove Adve	ntist Ho	spital			Rock	vill	0			Mor	tgom	erv
RESIDENCE OF DECEDENT										MOL	regoni	
Maryland Mont	gomery			erma								10d. INSIDE CITY LIMITS? 1 YES XX NO
10a. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
18824 Bent Will	ow Circl	е				2087	14			Uni	ted	States
11. MARITAL STATUS  1 Never Married XX Married  3 Widowed 4 Divorced	FDRCES?	NT EVER IN U.S. A I YES 2 X WAR DR DATES						Puert			14. RACE Black Speci	E — American Indian, k, White, etc.
15. DECEDENT'S EDU	CATION	18a. D	ECEDENT'S	USUAL O	CCUPATIO	ON			ND OF BUS		DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- 46	3ive kind of a. Do NOT u	work done se retired.)	during mo	at of worki	ing					
	3		dmini	stra	tive	Ass	ista	int	Apart	ment	Com	plex
17. FATHER'S NAME (First, Middle, Last)			-			16. MOT	HER'S NA	ME (First, Mid	dle, Maiden	Surname)		
Alejandro	Martinez					Ca	rmen	G G	onzal	.ez		
19a. INFORMANT'S NAME (Type/Print)		1	b. MAJLING	ADDRES	S (Street a	nd Numbe	r or Rural i	Route Number,	City or Tow	n, State, Z	ip Code)	20874
Richard Torres			L8824	Ben	t Wi	llow	Cir	cle,	Germa	ntow	n, M	aryland
20a. METHOD OF DISPOSITION	novel from State	20b. PLACE other p	DF DISPO	-			metory or				City or To	wn, State Maryland
21. SIGNATURE OF FUNERAL SERVICE LI	CENSIE		0846	22. R I	name al ober nc.,	P ADDRE	Pum Wes	phrey t Mon	Fune	ral ry A	Home	/Rockville
23. PART I. Enter the diseases, or	complications th	at caused the d	eath. Do								-280	Approximate
shock, or heart fallure.	List only one ca	use on each lin	0.									Interval Betwe
IMMEDIATE CAUSE (Final disease or condition	PN	eumou	15+	1415		AR	iNI		Prize	MAR	110	1wk
resulting in desth)	DUE TO	O (DR AS A CONSI	EQUENCE O	NF):			+	UNA LO	BUS	- CHE	estoci	xxi 1
	BA	eumou of or as a consi	MIA	d	ue	to	Sta	phuli	COCU	LS A	urei	IS 3 dAL
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONS	DUENCE	797						-	Λ	1
cause. Enter UNDERLYING	· A	cquit		- 1	MA	LUNC	ode	eficie	LCY	54	Lake,	re 3 year
CAUSE (Disease or Injury that Initiated events	DUE TO	O (OR AS A CONSI	DUENCE O	P):						1		
resulting in death) LAST	d	1										
PART II. Other significant condition	na contributing to	o death but not	regulting	In the u	nderlyin	a causa	given in	Part J. 2	In. WAS AN	AUTOPSY	241	WERE AUTOPSY FINDIN
1diapathic	Theo	Mbocy	tom	enil 6	1	pu	RPV	LEA	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUS
Cla Palace	Acti	11. 4	Lema	1.1	ic	110	1.0	Ahail 1	YES 2	NO X		OF DEATH?
CARONIC	TUMOR	2	1	TIT	13	100	Lan	Chil				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	Tocreote	1 200	010	94	26 0	ACE OF	T-EKM	neck only one)				
EXAMINER?	HOSPITAL:			OTHE	R:							
1 TYES 2 NO  27. MANNER OF DEATH	28a, DATE O	ER/Outpetient	28b. Til			URY AT	lesidence	6 Other (		IN RIEW O	CCURED	
1 🔀 Netural 5 🗌 Pending		Day, Ybar)	IN	JURY	WC	PRK7	□ NO	200. DEGG	HDL HOW	indon'i O	CONED	
	28a, PLACE	OF INJURY — At I	ome ferm	street for				284 LOCAT	ON /Stead	and Numb	as as Reval	Route Number,
2 Accident Investigation		, etc. (Specify)	rentil,					City or	Town, State	)	or or murali	route Hullians
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	000000											
3 Suicide 6 Could not be determined							-			_		
3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only	SICIAN: To the best											
3 Suicide 6 Could not be 4 Homicide determined	SICIAN: To the best											s) and manner as stated

M.D. 9715 Medical Center Drive, #201, Rockville, Maryland

22. REGISTRAR'S SIGNATURE

who Davidson April 18

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DING PHYSICIAN. The law requires that the death certificals be executed within 24 after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the fundation, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 death with the State Dept, of Health and Mental Hygiene prior to fundal, committee, monoral and the State Dept, of Health and Mental Hygiene prior to fundal, committee monoral be notified at once.
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DING PAYSICIAN: The law requires that the death certificate	A H
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEN		14506
	1. DECEDENT'S NAME (FINE MISSIN, LAND)	homas				2. DATE OF DEATH D	15 91	7130 A M
	220-68-9702  See Facility Name (if not institution, give in	1 X * 2 □ F 2	n yrs. Auer Derthology) 1 Yrss.	F UNDER 1 TEAR MONTHS DAYS	IF UNDER 34 HRS. HOURS HEN. OR LOCATION OF DEJ	Feb. 24,	Co	RTHPLACE (State or Foreign unity) enn.
OH	University Hospit			Baltim		AIT.	Balti.	
DIRECTOR	10s. STATE 10b. COUNT			v, town on Loc eensbor				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	Rt.1 Box 377			1	DI. ZIP CODE 21639		19g. CITIZEN C	OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, t			a or No- 14. R	AGE — American Indian, Itack, White, etc. peck/White
COMPLETED	18. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th		Mis. Do NOT us	work done during n w rethed.)	operator	David	A. Bra	
BE CO	17. FATHER'S NAME (FIRE MICHAEL LEST)  JOSEPH Thomas,  18th, INFORMANT'S NAME (TypinPrint)	Sr.	T		Patricia	Engelman	n Thom	
2	Joseph Thomas		57-20-37-36-37-56-3	Box 37	7 Greens	boro, MD		
	1 & Burlel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF BONERAL SERVICE LI	novel from State of a		Greens	boro Cm		eensbor	o, MD
	23. PART I. Enter the diseases, or	Ham	10-1-0 P-	Flee	le-Helfen	bein Fn H	Im PO I	
CERTIFICATION		a. Multiporte cause on el		Syst F	en fail	mre E	200	Interval Between Onset and Death
MEDICAL	PART II. Other significant condition	s contributing to death b	ut not resulting	in the underly	ing cause given in		RMED7	24b. WERE AUTOPEY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 4 MO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch	6 C Other (Specify)	asemo	um metacy
B	27. MANNER OF DEATH    Natural   5   Pending	28a. DATE OF INJURY (Alfren Day, Sen) 3 9 9 28a. PLACE OF INJURY building, etc. (Spe	- At home, term.	JURY 1	YES 2'5 (NO	201. LOCATION (Street City or Revn. Stein	Mark Mynther or It	and Poute Number of
COMPLETED	nasi	SICIAN: To the best of my know ER: On the bests of examinatio	riedge, death occurr			to the ceuse(x) and ma		
TO BE	290 GIGHATURE AND TITLE OF CERTIFIE  20. NAME AND ADDRESS OF PERSON W	1 Even	Roe 1	n()	25c. LICENSE MUN	ABER	29d. DATE SIG	15 19/
		Tax morning and	an a	19169511			- /	1
	MAY 16 91	Julia Do	widson-Ran	delle				3-1114

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be filed within 72 hours after death with the State Dept. or Health and Mental Hyglene prior to burial, cremation, or re	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Son

32. REGISTRAR'S SIGNATURE

who Davidson-Randell

Robin

31. DATE FILED (Month, Day, Year)
MAY 15 91

TO BE COMPLETED BY FUNERAL DIRECTOR

						91	1 1	1001
FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIEN REG. NO.	_		
1. DECEOENT'S NAME (First, Middle, Last)	,				2. DATE OF DEATH			3. TIME OF DEATH
ANNA I	Thompson	)			MONTH DA	0	YEAR 91	5:10 AM
4. SOCIAL SECURITY NUMBER		s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
222-28-4082	1 🗆 M 2 🗸 F 4	5 YRS. "	IONTHS DAYS	HOURS MIN.	11 3 1	945	Dela Dela	aware
9e. FACILITY NAME (If not Institution, give stre	et end number)		9b. CITY, TOWN O	R LOCATION OF DE	АТН	9c. COUN	TY OF DE	ATH
University Hosp	ital		Balt	imore		Ва	1tir	more
10e. STATE 10b. COUNTY	0 41	10c. CITY,	TOWN OR LOCAT					10d, INSIDE CITY LIMITS?
Maryland	Caroline		T	Dento	on			1 YES 2 NO
			101				The Assessment	HAT COUNTRY?
MD Route 328,				21629			S.A	
11. MARITAL STATUS  1 Never Married 2 (**) Merried  3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.: FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, spe		IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.) ::	or No—	Specify	- American Indian, White, etc. /: Casian
15. DECEDENT'S EDUCA		a. DECEDENT'S U	SUAL OCCUPATION	N .	16b. KIND OF BU	SINESS/IND		casian
(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during mo	st of working	Alternative States			
12 H.S.grad 5	(Masters)	Teac	her			duca	+ 10	n
17. FATHER'S NAME (First, Middle, Last)	(Habbels)	reac	nei	18. MOTHER'S NAI	ME (First, Middle, Malden		CIO	
Richard Ald	en_Uhde			Mart	ha Lee	Fic	(as_	
19a. INFORMANT'S NAME (Type/Print)	2 1/1/2/2	19b. MAILING A	DORESS (Street a	nd Number or Rural F	Route Number, City or Tow	n, State, Zip	Code)	
William D. Tho					enton, Ma			
20a. METHOD OF DISPOSITION  1 Burlal 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	ral from State of com	etary, crematory on ton C	r other place)			cation —		m, State aryland
21. SIGNATURE OF FUNDRAL SERVICE LICE		110011 0	22. NAME AP	D ADDRESS OF FAC	CILITY			aryrana
* I andod	Pod	4			cal Home, Denton, N			
23. PART I. Enter the diseases or co	emplications that caused the							Approximate interval Between
IMMEDIATE CAUSE (Final		1 1	1	1 1	1 1			Onset and Death
resulting in death)	metasi	tatic	adver	val Cor	tical C.	19		
550mo#.Cr20Hr 1	DUE TO (OR AS A CO							
Sequentially list conditions, b.	DUE TO (OR AS A CO	NSEQUENCE OF						-
if any, leading to immediate cause. Enter UNDERLYING	50E 10 (011 A5 A 00	MISEOGENICE OF	•					İ
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	INSEQUENCE OF)	:					
resulting in death) LAST								
DART II Oshan alasiMasaa asaa dialasa							1	
PART II. Other algnificant conditions	contributing to death but	not resulting in	the underlying	g cause given in	Part I. 24a. WAS AN PERFO			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
					1 YES :	NO 🗆		OF DEATH?
								1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28, PI OTHER:	ACE OF DEATH (Ch	eck only one)			
	1 D Inpatient 2 - ER/Outpatie			e 5 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME INJU	OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCC	CURED	
1 Natural 6 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, st	reet, factory, offic	•	28f. LOCATION (Street City or Town, State	end Number )	or Rural R	oute Number,
290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowled	te, death occurred	d at the time date	and place, and due	to the cause(e) and ma	nner se et-t	ed	
(onton only	: On the basis of examination er							end manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
XICALUS	Man					<b>&gt;</b> <	5-1	10-91

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, F.O. BOX 13149,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any incompletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR		STATE OF I	MARYL			TMENT 0				MENTA	L HYGIEN		91	145	08
1. DECEDENT'S NAME (Firs							Т				OF DEATH	991	YEAR	3. TIME OF DEA	
Rober			ctor			Vi	1e:	<u> </u>		Ma	y 9, 1	991		3:55 P	
4. SOCIAL SECURITY NUM		5. SEX 1 1 2	6. AGE	(In yrs. las:	birthday)	MONTHS DA	_	IF UNDER	24 HRS. MIN.	7. DATE (Mont) ADTI	OF BIRTH	.918	Count	HPLACE (State or a	
9a. FACILITY NAME (If not		****				9b. CITY, TO	WN C	B LOCATI	ON OF D				NTY OF E	DEATH	
Holy	Cross I	Hospital				Contract of the Contract of th		lver						omery	
RESIDENCE OF DE	10b, COUNT														
Maryland		tgomery				v, town on L Llver								10d. INSIDE CIT	
10e. STREET AND NUMBER	9			-		104	101	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
3330 North	Leisu	re World	Bou!	leva	rd. A				2	0906				U.S.A.	
11. MARITAL STATUS 1 Never Merried 23 3 Wildowed 4 Div	Married	12. WAS DECEDED FORCES? IF YES, GIVE	T EVER I	N U.S. AR 2   h ATES	MED	13. WAS	s, sp		OF HISPA In, Maxic	NIC ORIGII an, Puarlo	N? (Specify Yes Rican, atc.)	or No	14. RAC	E — American Inck, White, atc.	
15. DE	CEDENT'S EDU	CATION		16a. DE	CEDENT'S	USUAL OCCU	PATIC	)N		168	. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary		College (1-4 or 5	+)	life.	Do NOT us	work done during the retired.)		ST OF WORKI	ng		Civil	Eng	inee	r	
17. FATHER'S NAME (First,	Middle ( act)						_	40 4407	MEDIC N	ARRE /Eimi	Middle, Maiden				
Charl		1	ւ.		7	Viner		18, MUT		line		Sumame)		Baumann	
19a. INFORMANT'S NAME	(Type/Print)			191	. MAJLING	ADDRESS (St	reet a	nd Numbe	r or Rural	Route Num	ber, City or Tow	n, State, Z	ip Code)	MD 2090	6
Anne C. Vi	ner			3	330 1	N. Lei	su	re W	orlo	Blv	d., Ap	t. 1	04,	Silver	Sprin
20a, METHOD OF DISPOSI	ion 3 🗆 Rem	oval from Stata	20	other pl	100)	SITION (Name								own, Stata	
4 Donation 5 Other		CENSEE		Gd	te o.	Heav				-			-	ng, MD	
Devel	2-0	2	2	_ M	00522	2 Ro	CK.	vill	e, I	nc.,	ey Fun 300 W	est	Mont	e gomery 0850-28	05
	heart failure.	complications th List only one ca												Approxi	
immediate cause (F disease or condition resulting in death)	inal -				S	HOUV	1							200	243
		DUE TO	O (OR AS	A CONSE	OUENCE O		-								
Sequentially list cond		b	O (OR AS	A CONSE	DUENCE O	1FM	ST	BALIC		0	ARULI	JOY	74	8 4	
if any, leading to imm cause. Enter UNDERL			(0111110			رمام	J	CA	11.7.4	- 1/1	h.			j	
CAUSE (Disease or In that initiated events	lury	C	O (OR AS	A CONSE	QUENCE O			-	101	2007	4			+	
resulting in death) LA	ST														
	-	d													
PART II. Other algnifts	cant condition	ns contributing t	o death i	but not i	resulting	In the under	rlyin	g cause	given i	n Part I.	24a. WAS AN PERFO	PIMED?	24	b. WERE AUTOPSY AMILABLE PRIC COMPLETION O OF DEATH?  1 YES 2	F CAUSE
25. WAS CASE REFERRED	TO MEDICAL						26. PI	LACE OF I	DEATH (C	Check only o	nne)				
EXAMINER?		HOSPITAL:	□ ER/Out	nationt 3	. □ DOA	OTHER:									
27. MANNER OF DEATH		28a. DATE O	_		28b, TIA		_	URY AT	a siderica	_	SCRIBE HOW	INJURY O	CCURED		
1 Netural 5	Pending Investigation	(Month,	Day, Year)			JURY	WC	YES 2	_ NO						
. Daniel	Could not be determined	28e. PLACE building	OF INJUR J. etc. (Spi	Y — At ho	ome, ferm,	street, factory,	offic	00			CATION (Street y or Town, State		er or Rura	Route Number,	
CONSCIENT ONLY		SICIAN: To the best of												o(a) and manner a	s stated.
29b. SIGNATURE AND TIT	LE OF CERTIFIE	n en					-	29c. LIC	ENSE N	UMBER		29d. D4	TE SIGNE	D (Month, Day, Yes	ar)
Str	3	a g	sch	~~	Li				D173			•		1191	
30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CA	USE OF D	EATH (ITE	M 27) (Type	e, Print)									

Stanley A. 3

Schwartz, M.D., 2101 Medical Park Drive, #211, Silver Spring, MD 20902

DHMH-16 Rev 1/89

p 3

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF			GIENE 9		4509
	1. OECEDENT'S NAME (First, Middle, Last) Ant	hea Mu	sette	VALER	I	2. DATE OF DE MONTH May	15, 1	991 5	TIME OF DEATH 5:43 A M
	234 90 8384 10	□ M 2000F 20	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	#F UNDER 24 HRS. HOURS MIN.		71970	Vir <sub>{</sub>	ace (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street of Washington Count RESIDENCE OF DECEDENT		al		erstown			shingt	
DIRECTOR	100. STATE 100. COUNTY W.Va. Jeffer	son	10c. CIT	Y, TOWN OR LOC Fair	tion fax Blv	d. R	lanson		Dd. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER Fairfax	Blvd.		1	25438			S.A.	AT COUNTRY?
B∡	11. MARITAL STATUS 12.  1 Never Merried 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2.K.NO	If yes, t	CENOENT OF HISPA pecity Quben, Mexic S 232 NO Speci	an, Puerto Rican,		Black, V	Americen Indien, While, etc.
COMPLETED	1s. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)			,		100000	of Business/in	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Dominic	F	Vale	ri	18. MOTHER'S N.	AME (First, Middle,	Maiden Surname)		Sisk
TO B	190. INFORMANT'S NAME (Type/Print) Dominic F. Vale		Rt.3	Box 4	7 Charl	es Tow	m W.Va	a. 254	
	20c METHOD OF DISPOSITION 143 Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	from State P	Leasant	View	Mem. Gd	ns.,	Martin		
	2. SEARTORE OF PONERAL SERVICE LICENS	Burn	ner:	1037 Hage	Dual P	Eurserv Tage Md. 2			
	23. PART I. Enter the diseases, or comshock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Skull Fract	ech fins.	Massive			or respiratory s	rrest,	Approximate interval Between Onset and Death 6½ hrs.
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE (		.,				
MEDICAL	PART II. Other significent conditions c	contributing to death I	out not resulting	in the underly	ing cause given i		WAS AN AUTOPS PERFORMED?  YES XX NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:		IOSPITAL:	patient 3 DOA	OTHER:	PLACE OF DEATH (C		ecify)		
ВУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 M Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	991 10:	15P M 1	NJURY AT WORK?  YES 2 NO	Passen	M (Street and Numl	ected i	from vehicle
COMPLETED	4 Homicide determined	westbour  N: To the best of my known	nd Rt. 3		te and place and d				h Mt. Zion Ro ryland
COMP	one) 2 K MEDICAL EXAMINER:				, death occured at ti	he time, date and	place, and due to	the cause(s)	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  AU CL U  30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF O	EATH (ITEM 27) (THE	pe. Prilho	DO 106				Month, Day, Year) 5, 1991
	Edward W. Ditto, I	II, M.D., 2	217 West		ton Stre	et, Hag	erstown	, Mary	land 21740
	MAY 15 '91	32. REGISTRAR'S SIG	avidson-Aa	ndell					

the hos	e detache		t once.
retained by	5 should b		notified a
6 may be	ctor, page		nust be
ath. Page	uneral dire		aminer n
irs after de	n by the fi	removal.	edicai ex
hin 47 1100	tely filled i	matton, or	t, the m
secuted with	nd comple	burial, cre	atic even
icate be ex	physician a	te prior to	er traum
feath certif	attending	intal Hygier	ry, or oth
s that the	ned by the	ith and Me	any inju
aw require	s been sig	pt. of Hea	3 shows
IAN: The L	tificate ha	e State De	or Hem 2
VG PHYSIC	ter this cer	ath with th	marked,
ATTENDI	RECTOR: A	irs after de	m 28 is
SPITAL OF	NERAL DIF	hin 72 hou	NT: If Ite
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.4 HOURS after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed wit	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIEN REG. NO		1 1	4510
	1. DECEDENT'S NAME (First, Middle, Last)	Robert Ramso	ey Voor	hees		2. DATE OF DEATH MONTH MAY 16,	1991 YE	AR 3, TII	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 253~12~5995	5. SEX 6. AGE (In 1 🕱 M 2 🗆 F 76	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 13,	1915 N	country) ew Je	State or Foreign
TOR	9a. FACILITY NAME (# not institution, give st Washington County RESIDENCE OF DECEDENT	·		96. CITY, TOWN Hager	STOWN	ATH	Washi		
DIRECTOR	10a. STATE 10b. COUNTY Maryland Washir			y, town or Loca gerstown					INSIDE CITY LIMITS? YES 2/ NO
FUNERAL	9 Par Three Drive			10	1. ZIP CODE 21740	0	10g. CITIZEN	SA	OUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 🖄 YES IF YES, GIVE WAR OR DAT W • W	ES	If yes, s		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — AI Black, Whit Specify: White	nerican Indien, le, etc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)				166. KIND OF BU	ng com		
BE COM	17. FATHER'S NAME (First, Middle, Last) Robert Ramsey Roy	y Voorhees			Nellie	ME (First, Middle, Meider e Mae Sutp	hin		
2	190. INFORMANT'S NAME (Type/Print) Vivian Voorhees			The state of the s		Hagerstown	, Md.	21740	
	20e. METHOD OF OISPOSITION  1	oval from State	other place)	rg Crema	tory		thsbur		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Denn	el	MINNI	MD ADDRESS OF FA CH FUNERA . Wilson	AL HOME Blvd., Ha	gersto	wn, M	id. 21740
	IMMEDIATE CAUSE (Final disease or condition	List only one cause on ea	ch line.			has cardiac or resp		t,	Approximats Interval Between Onset and Death
NO	resulting in death)  Sequentially list conditions,	b. DUE TO (OR AS A	CONSEQUENCE (	DF):					
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. OUE TO (OR AS A							
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	ns contributing to death bu	it not resulting	In the underlyl	ng ceuse given in	Part I. 24a. WAS A PERFC	PRMED?	CON OF I	LABLE PRIOR TO PLETION OF CAUSE DEATH?  YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ntient 3 DOA	OTHER:	PLACE OF DEATH (Cr				
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm	, street, factory, of	ice	26f. LOCATION (Stree City or Yown, Stat		Rural Route	Number,
COMPLET	(Check only	SICIAN: To the best of my knowl IER: On the basis of examination							I manner as stated.
TO BE	29b. SIGNATURE AND TAILE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON W	Vagle		Defent	29c. LICENSE NU		29d. DATE 5	5/16	nth, Day, Year)

DEATH (ITEM 27) (Type, Print)

Julia Davidson-Randell.

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BOX
P.0.
RECORDS,
VITAL
PO
DIVISION

-		5-14-18-6603	1 1 1 2 F	69	YRS.	- Cittie	DATE	noons	
PA I		9e. FACILITY NAME (If not institution, give at	reet and number)			96. CIT	r, TOWN	OR LOCATI	ON
1809	8	HOLY CROSS H	105P.			5	x'LUL	ER	5
1	5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	,		the CIT	Y, TOWN	001004	CION	_
Page	DIRECTO	ma P.			100, 011		elp		
permit.	1 1	10e. STREET AND NUMBER	· ·			1100	_	r. ZIP COD	Æ
it De	FUNERAL		Hill R	d			10	20	
cian.	빌	11. MARITAL STATUS		T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT	_
46 physician. burial-transit		1 Never Married 2 Merried		X YES 2 N			Il yes, sp	ecify Cub	en,
03-31	BY	3 Wildowed 4 Divorced	, , , , , , , , ,				1 🖂 , 60	2/6	
	ETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE(	CEDENT'S	USUAL C	CCUPATIO	ON ost of worki	ina
212 Eal or for u	9	Elementary/Secondary (0-12)	College (1-4 or 5	) Iffe.	Do NOT u	se retired.)			_
AND 21 the hospital detached to	COMPL		1	ENG	GINE	ER			
A the the	응	17. FATHER'S NAME (First, Middle, Last)						16. MOT	
ad by the both at	H		OODBURN,					GE.	_
MARY retained to 5 should notified	2	19e. INFORMANT'S NAME (Type/Print)						and Numbe	
2 9 40		DORIS PIPER WOODE	BURN (WI		-			HILL	
		1 Burial 2 Ty Cremation 3 Rame	oval from State	20b, PLACE other pla	ice)				
IMORE Page 6 ms If director,		4 Donation 5 Other (Specify)	CENSEE /	METR(	OPOL.			MATO ND ADDRE	
ALTIM death. Page tuneral dir i. examiner	. 3	111/5	5	()				IS J	
BA the fu the fu byal.		MA	. / U					NIVE	
ns al		23. PART I. Enter the disesses, or of shock, or hasrt fellure.				not ente	r the mo	de of dy	/In
		IMMEDIATE CAUSE (Final	A		/_				
within completely fille cremation.		disease or condition resulting in death)	16	zijat	ny	Ly	2ml	lu	1
146, ted within completely tal. cremati			DUE TO	ON AS A CONSEC	SUBMCE O	ry:	, 11		
E E	8	Sequentially list conditions,	b. N	OR AS A CONSE	NIENCE C	ente	ulso		
BOX 1 ficate be ex physician a ne prior to	CATION	if any, leading to immediate cause. Enter UNDERLYING	c /	I CONSEC	L	m);	1		
O. BO certificate ding physic tygiene pri r other tr	유	CAUSE (Disesse or Injury that Initiated events	DUE TO	(OB AS A CONSEC	DUENCE O	F):	/	M	_
P.O. Beath certifica attending phi ttal Hygiene Y, or other	RTIF	resulting in death) LAST		Curin	als	True	tui	Ri	lan
S, P. e death he attended Mental H	핑		d	4 104	0 10			7 000	1
S a s a	AR I	PART II. Other significant condition	a contributing to	death but not r	esulting	In the u	nderlyln	g cause	gl
CORE  ulres that signed by Health an	15								_
requires been signed. of Health	ME								
23 de la	CIAN:								
	S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL:	7.52		ОТНЕ		LACE OF	DE
2 25	IXSI	1 TYES 2 THO	1 Inpatient 2	ER/Outpetient 3		_	_	ne 5 🗆 R	los
日本語書	PH	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, L		28b. TII	JURY	28c, IN.	JURY AT ORK? YES 2	
	BY	2 Accident Investigation	28s. PLACE C	OF INJURY — At he	me farm	street fa			
ATTENDING ECTUR: After s after death		3 Suicide 6 Could not be 4 Homicide determined		etc. (Specify)					
DIVISION  DR ATTENDING DIRECTOR: After hours after deat item 28 is ma	E	29a. CERTIFIER			2.1	Verse	32 00		
4 4 5 E	COMPL	(Check only one)  1 CERTIFYING PHYSI One)  2 MEDICAL EXAMINE	er som more						
TO THE HOSPITAL. TO THE FUNERAL OF FIELD WITHIN 72 IMPORTANT: If	8		011 114 10400 01 0	THE PERSON WINDS	veetigati	on, in my	ориноп,	-	
THE PORT	BE	296, SIGNADORE AND TITLE OF CENTIFIE	100	i i				29c. LIC	E
6 6 % E	2	20 MARE AND ADDRESS OF REPROVINGE	A COMPLETED CALL	NA DE DE STU	u on o	o Out-o			1
10	[ ]	David A. Blass		9410 C	1d (	e, Print)	at	n 1	0
11		Vaviol 11. Plass	40	1111		ron	10/00	m 1	1 6

32. REGISTRAR'S SIGNATURE

STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.	91	14511
1 1 .	RET WOODB	URN, JI	₹.	2. DATE MONTH	DEF DEATH DAY	YEAR	3. TIME OF DEATH
Thans.	9 YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	MARCI	Day, Year) I 25, 19	Coun	HINGTON, DC
) SP.			R SPR				GOMERT
۲.		own or LOCATI	i				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ree Rd		107.	2000E	<u>ځ</u>	100	L CITIZEN OF	A COUNTRY?
2. WAS DECEDENT EVER IN FORCES? 1 ∑ YES IF YES, GIVE WAR OR DA	2 NO		city Cuben, Mexica	n, Puerto F	? (Specify Yes or N tican, etc.)	0— 14. RAC Blac Spe	CE — American Indian, ck, White, atc.  City: WHITE
College (1-4 or 5+)	16a. DECEDENT'S USE (Give kind of work life. Do NOT use re ENGINEER	JAL OCCUPATIO done during mos tired.)	N it of working		KIND OF BUSINES		
DBURN, SR.			16. MOTHER'S NA		liddle, Malden Sume E .	BEA	N
mplications that caused st only one cause on e	11008 C  PLACE OF DISPOSITION OTHER PROPOLITY  IS the death. Do not	HERRY I ON (Name of came AN CREM 22. NAME AN FRANCI 500 UN	HILL ROA petery, cremetory or MATORY D ADDRESS OF FAR LS J. CO NIVERSIT	D. AI	ALEXAL FUNERAL	MARYLA ON - Chy or 1 NDRIA, L HOME SIL.	VIRGINIA
DUE TO GOR AS A	CONSEQUENCE OF:	ord we we this	re	die	ril		
contributing to death b	out not resulting In t	he underlying	g cause given in	Part I.	24s. WAS AN AUTO PERFORMED 1 YES 2	?	IB. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
HOSBITAL:	petient 3 DOA 4	THER:	ACE OF DEATH (Ci	-			
28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	URY AT	_	CRIBE HOW INJUR	Y OCCURED	
28e. PLACE OF INJURY building, etc. (Spe	— At home, farm, stre- city)	et, factory, office		281. LOC City	ATION (Street end Nor Town, State)	lumber or Rura	l Route Number,
AN: To the best of my know. On the basis of examination							e(e) and menner as stated,
Kers my COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pr	int)	29c. LICENSE NU	MBER 9//	(Md.) 29	J. DATE SIGNE	13/9/
941	0 01d C	· · · · ·	01	A	dhodo	MJ	20214

i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
BALLIMOHE, MAHYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR	STATE OF I					EALTH AND	ME	NTAL HYGIENI REG. NO.	E	91	14512
1. DECEDENT'S NAME (First, Middle, Last)								DATE OF DEATH		YEAR	3. TIME OF OEATH
Joseph E.		Wiede					-		199		10:45 P M
4. SOCIAL SECURITY NUMBER 137-07-4842	5. SEX 1	6. AGE (In yrs. In	YRS.	IF UNDER	DAYS	HOURS MIN.		DATE OF BIRTH (Month, Day, Year)		Country	
9a. FACILITY NAME (If not institution, give at	22	86	THS.	9b. CITY	r, TOWN (	OR LOCATION OF	_	eb. 16,1		Ne INTY OF OE	w Jersey
5604 Montgomery	Street			Ch	evy	Chase			Мо	ntgom	nery .
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TON					10d. INSIDE CITY
MD Mor	tgomery		C	hevy	СНа	se				- 1	LIMITS? 1 XES 2 NO
10a. STREET AND NUMBER					10	ZIP COOE			10g. CIT	TIZEN OF WI	HAT COUNTRY?
5604 Montgomery		IT EVER IN U.S. AI	DMED	10	Who osc	20815	BANIC C	RIGIN? (Specify Yea		U.S.A	- American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	YES 2 X	NO		If yes, sp		rican, Pu	erto Rican, etc.)	OF 140-	Black, Specify	White, etc.
16. DECEDENT'S EDUC (Specify only highest grade		(0	ECEDENT'S	work done		ON st of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	a. Do NOT u	se retired.)				77 0		- 5	
17. FATHER'S NAME (First, Middle, Last)	4	01	reigi	n Sei	CVIC	e Offic		First, Middle, Malden		е Dep	artment
Joseph E. Wieden	mayer, S	Sr.						te Voget	Surmannej		
19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	3 ADDRES	\$ (Street a			Number, City or Town	n, State, Zi	ip Code)	
Margaret W. Wied	enmayer		5604	Mont	gom	ery St.	, Cl	hevy Chas	_		0815
20s. METHOD OF DISPOSITION  1	oval from State	other n	rincol.			netery, crematory	or	79111		- City or Tow	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	_ FIL.	COIII	22.	NAME A	ND ADDRESS OF	FACILIT	γ		ndria	, VA
michael	É. he	lon						S Sons, Ave, NW, W		ingto	n,DC 20016
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Chroni	OR AS A CONSE	uctiv	7e 1u PF):	ing (	lisease					
resulting in death) LAST	d										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural   5   Pending Investigation	s contributing to	death but not	resulting	In the u	nderlyln	g cause given	In Pari	24a, WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DEATH	(Check c	only one)	-		
EXAMINER? Y	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4   Nu	R: rsing Hon	ne 5 X Reelden	ce 6 🗆	Other (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII		28c. IN.	TURY AT DRK? YES 2 NO	_	d. DESCRIBE HOW I	NJURY O	CCURED	
3 Suicide 4 Homicide  6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. PLACE ( building	OF INJURY — At h , etc. (Specify)	nome, farm,	street, fac	tory, offic		281	I. LOCATION (Street a City or Town, State)	and Numb	er or Rural R	oute Number,
20a. CERTIFIER (Check only one) 1 A CERTIFYING PHYSI One) 2 MEDICAL EXAMINE								he cause(a) and mar , date and place, an			and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	F. Q	Horn	عي ا	MP		29c. LICENSE D3089		1			(Month, Day, Year)
Steven F. Os					nsin	Ave.,	Che	vy CHase	, MD	208	315
MAY 10 91	A2. REGISTA	AR'S SIGNATURE									

DHMH-16 Rev 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CE	RTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Minnie A. Whelan					2. DATE OF DEATH DA	1991	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 5. SEX 1 D M 2 J	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 29/11/18	8. BIRT	HPLACE (State or Foreign
TOR	9. FACILITY NAME (If not institution, give street and number) Villa Rosa Nursing	Home	- 1		R LOCATION OF DE		9c. COUNTY OF	e George
DIRECTOR	100. STATE 10b. COUNTY none none			y, town on Locat shington				10d. INSIDE CITY LIMITS?  [X] YES 2 NO
FUNERAL	3740 W Street, N.W.	ENT EVER IN U.S. AR		4	20007		U.S	WHAT COUNTRY?
8	1 Never Married 2 Married FORCES?	1 YES 2 MAR OR DATES		If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.) /:	Spot Whi	•
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or	5+) (G	live kind of a Do NOT u	usual occupation work done during more retired.) tural Ec	et of working	26,000,000	of Agric	ulture
BE CON	17. FATHER'S NAME (First, Middle, Last) Michael Ankenbrand					ME (First, Middle, Meiden Pfiester	Surname)	
TO 8	19a. INFORMANT'S NAME (Type/Print) William F. Whelan					D.C. 2000		
	20a. METHOD OF DISPOSITION 1 Transport of the state of th	20b. PLACE of cemetary Washi	crematory ngto	e of disposition ( or other place) n Nation	al Cem.	5-8-91 8	CATION — City or 1 Suitland	own, State , Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ra			Wisconsi	DeVol n Ave.,N.V	Funeral V., Washir	
	23. PART I. Enter the diseases, or complications to abook, or heart feilure. List only one of IMMEDIATE CAUSE (Final disease or condition resulting in death)	wca		not enter the mo	de of dying, suc	h es cardiac or respi	Iratory srrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	TO (OR AS A CONSE	در	13	منہ	Sym	dum	
DICAL	PART II. Other algorificent conditions contributing	to deeth but not	reaulting	In the underlyin	g cause given in	Part I. 24a, WAS AN PERFOI	RMED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 N NO 1 Inputent	2 ER/Outpetlent 3	DOA	QTHER:	ACE OF DEATH (Ch	seck only one)  6  Other (Specify)		
ву рну	27. MANNER OF DEATH 26s. DATE	OF INJURY 1, Day, Year)	26b. TIR	ME OF 28c. IN.	URY AT PRK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURED	
	1 Suicide 28e. PLAC	E OF INJURY — At hong, stc. (Specify)	ome, farm,	street, factory, offic		261. LOCATION (Street City or Town, State)		Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basic of				£0			(e) end manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			,~~	29c. LICENSE NU	MBER 15-6	29d. DATE SIGNE	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	CCZ LL	M 27) (Typ		Dodge	PKRO	- ha	dru WT
	31. DATE FILED (Mopth, Day, Year) 32. REGIS	TRAR'S SIGNATURE	dien	Bando 82		um =>		

JAMES
4. SOCIAL SECURITY NUMBER

WALSH 5. SEX

2:10

YEAR 1991

DAY 9

DIVISION OF VITAL RECORDS, P.O. BOX 68760,  OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  DRECTINGEN AND A TABLE OF THE AREA Basen signed by the completely filled in by the huneral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.
F VITAL RECORDS, P.O. BOX 68760 SICIAN: The law requires that the death certificate be executed with certificate be executed with certificate has been signed by the attenting physician and compile the Stan Bard of Health and Marral Review orld the latter of the stan Bard and Marral Review orld the latter of the stan Bard of Health and Marral Review orld the latter of the stan Bard of Health and Marral Review or the stan Bard of Health and Marral Review or the standard of the standard or th

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (I	n yrs. last birthday)	IF UNDE	ER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		. BIRTHPLA	CE (State or Foreign
	161-22-0891	1 M 2 F	6	53 YRS.	MONTHS	DAYS	HOURS MIN.	MAY	19. 1	927	Country) PENNS	YLVANIA
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CIT	TY, TOWN C	R LOCATION OF I	DEATH		9c. COUNT		
DIRECTOR	3903 JEFFRY	STREE	Τ		MO	NTGO	MERY I	WHEAT	ON	]	MONTG	OMERY
EC	10a. STATE 10b. COUNT	Υ		10c. CIT	ry, town	OR LOCAT	TION				100	. INSIDE CITY LIMITS?
_	MARYLAND MO	NTGOMERY			WHE	CATON					1 [	YES 2 NO
7	10e. STREET AND NUMBER					10f	, ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
FUNER	3903 JEFFRY STRE	T			T.,		2090				JSA	
	1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	1 X YES	2 NO	13.	If yes, sp	ecity Cuben, Mexic 24 NO Spec	ean, Puarto			Specify:	American Indian, nite, etc.
3	15. DECEDENT'S EDU (Specify only highest grade			16a. DECEDENT'S			ON ast of working	161	. KIND OF BUS	SINESS/INDUS	STRY	
9	Elementary/Secondary (0-12)	College (1-4 or 8	+)	life. Do NOT u	ise retired.,	.)						
	17. FATHER'S NAME (First, Middle, Last)	4		ARCHITE	CT/P	ROJE	CT MANA			TRUCT	LON	
COMPL	JAMES P. WALS	н							GARVEY	Surname)		
	19a. INFORMANT'S NAME (Type/Print)	11		19b. MAILIN	G ADDRES	SS (Street a	and Number or Run			n, State, Zip C	ode)	
2	PATRICIA E. WALS	H (WIF	E)	3903	JEFF	'RY S'	TREET V	HEAT	ON, MA	RYLANI	209	06
	20a. METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Rem	noval from State		. PLACE AND DAT			(Name	DAT	TE 20c. LO	CATION - CI	ty or Town,	State
	4 Donation 6 Other (Specify)			RYLAND	VETE	RANS			CHE	LTENHA	M. M	ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE	CENSEE					IS J. CO		S FUNE	RAT. HO	ME.	TNC.
	2 Gentlope		2		5	00 U	NIVERSI	TY BL	VD.,W.	SIL.S	SPR.,	MD.20901
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A	CONSEQUENCE (	DF):							
	PART II. Other algnificant condition	na contributing t	o daeth b	ut not resulting	in the u	underlyin	g cause given i	n Part I.	24a. WAS AN PERFOR	RMED?	AM	RE AUTOPSY FINDINGS (ILABLE PRIOR TO MPLETION OF CAUSE
MEDICAL		9							1 TYES 2	- LIDANO		DEATH?  YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF DEATH	Check only o	nne)			
PHYSIC	1 YES 2 NO	1 Inpatient 2			4 🗆 Nı	uraing Hon	ne 6 🖪 Rasidenc					
10	1 Natural 8 Pending 2 Accident Investigation	28a. DATE C (Month,	Day, Ybar)	28b. Ti	ME OF HURY	WC	ORK? YES 2 NO	28d. Dt	SCRIBE NOW I	NJUHY OCCU	PHED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY g, atc. (Spec	— At home, farm,	street, fa	ectory, offic	20		CATION (Street or Town, State)		r Rural Rout	Number,
P.E.	(Silver Silly	SICIAN: To the best	of my know	ledge, death occur	red at the	time, data	and place, and d	ue to the co	suse(s) and ma	nner as state	1.	
COMPL	one) 2 MEDICAL EXAMIN	ER: On the basis of	examination	n and/or investigat	lon, In my	y opinion, o	death occured at t	he time, dat	a and place, ar	nd due to the	cause(a) ar	d manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	rv, u	الم			77	29c. LICENSE N	UMBER		≥ 29d. DATE	SIGNED (M	onth, pay, Year)
임		HO COMPLETED CA	USE OF DE	1081	e, Print)	Co	nn.	Ar	c.,	Ken	SIX	g ten
	31. DATE FILED (Month, Day, Year)	32. DEGISTI	Davids	ATURE ROCK	2							md
	MAY 17 31						-					DNMN-16 Rev 1/

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR			C	ERTIFIC	CATE OF	DEATH	REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)			-1-4			2. DATE OF OEATH MONTH DO		SAR 3.	TIME OF DEATH
Russel:	L James	s WEAVER					May 20	199	1	м
4. SOCIAL SECURITY NUME	BER	5. SEX 8	AGE (In yrs. I	- "	F UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH (Month, Day, Year)	8.		CE (State or Foreign
214-09-076	55	1 🔀 M 2 🗆 F	84	YRS.	ONTHS DAYS	HOURS MIN.	June 13, 1			sburg, Pa
9a. FACILITY NAME (If not in	stitution, give st	treet and number)		9	b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY		
Washington	n Count	ty Hospita	1		Hage	stown		Was	hing	ton
Maryland	10b. COUNTY	ashington		10c. CITY,	Hage:	rion cstown			10-	d, INSIDE CITY LIMITS?
100. STREET AND NUMBER 313 Notti	ngham 1	Road			10	21740		10g. CITIZEN	S.A.	
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo	11111	12. WAS DECEDENT FORCES? 1 FYES, GIVE WAS	YES 2X		If yes, s		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No- 14.	Specify:	American Indian, hite, etc.
15. OEC	EDENT'S EDUC	CATION	16a. I	DECEDENT'S US	SUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUS		
Elementary/Secondary (I	y highest grade 0-12)	College (1-4 or 5+)		(Give kind of wor life. Do NOT use i	rk done during m retired.)	ost or working				
9			Pu	mp Mecl	hanic		Sel	f		
17. FATHER'S NAME (First, M	liddle, Last)					18. MOTHER'S NA	AME (First, Middle, Maiden			
Lucas W	eaver					Eva S	Secord			
19a. INFORMANT'S NAME (		-		19b. MAILING A	DDRESS (Street		Floute Number, City or Tow	m, State, Zip Co	ide)	
Pearl We	aver						Hagerstown			21740
				CE ANO DATE O				CATION - City		
20a METHOD OF DISPOSIT  1 \( \tilde{\Delta} \) Burial 2 \( \tilde{\Delta} \) Crematic  4 \( \tilde{\Delta} \) Donation 5 \( \tilde{\Delta} \) Other		oval from Stata	of cemeta	ry, cramatory or	other place)		5+22-91 Ha			
21. SIGNATURE OF FUNERA		CENSEE	rest	Haven		AND AODRESS OF F		gersto	wn,	maryland
1500	2/10	4.	nice	R			Minnich Blvd. Hag			
	esrt fellure.	complications that of List only one cause								Approximate interval Between Onset and Deati
IMMEDIATE CAUSE (Fit disease or condition		101	2210	0.1		2	11=0-			Onset sind beatt
resulting in death)	7	a. CHA	R AS A CONS	SEQUENCE OF	UNAV	y H	RREST			
	_	DE	SPID	1 +0	2	Lair.	10 -			1
Sequentially list condit	iona,	b. DUE TO (C	H AS A CONS	BEOUENCE OF	7	F17166	I'KE			1
If any, leading to imme cause. Enter UNDERLY	dieta ING	DUE TO (C. A.S. OUE TO (C. OUE TO (C.	DID	ATIA	N A	NAUM	DOVIA			1
CAUSE (Disease or Injuthat initiated events	Jry 🐔	oue to (c	R AS A CONS	SEQUENCE OF):		1120101	074711			-
resulting in death) LAS	т	SE	VERG	= m	AL NI	TRITI	DOS			!
	-	a	00,00		10/46					
PART II. Other significa		_					DEDEO			ERE AUTOPSY FINDINGS ALLABLE PRIOR TO
ATHE	ROSC	CEROTI	C &	HEART	DI	SEASE	1   YES :	/	CC	OMPLETION OF CAUSE DEATH?
		SON'S							1	YES 2 NO
							_			
25. WAS CASE REFERRED 1	O MEDICAL				26. 1	PLACE OF DEATH (C	heck only one)			
EXAMINER?		HOSPITAL:	FB/Outpatlant		OTHER:					
27. MANNER OF DEATH		26a. DATE OF II		28b. TIME		me 5   Residence	6 Other (Specify)	INJURY OCCU	RED	
/	Pending	(Month, Day	Year)	INJUI	RY W	ORK?	Los. Degonibe now			
2 Accident	Investigation	28e. PLACE OF	IN.H IDV . At	home form			201 LOCATION OF	and Must	Burnet Co.	n Alumba-
3 Suicide 8 4 Homicide	Could not be detarmined	building, of		iome, tarm, str	wet, ractory, off	ice	261. LOCATION (Street City or Town, State		HURBI HOU	w ryumber,
		_					1			
anel							e to the cause(a) and me e time, date and place, a			nd manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	11	ners	M-	<b>D</b> .	29c. LICENSE NU D3846		29d. DATE S	IGNED (M	onth, Day, Year)
30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETEO CAUSE	OF DEATH (I	TEM 27) (Type, F	324		ETAM ST.	HAG		
31. DATE FILED (Month, Day,										
мау 20 '		Gulia Da	4dson-1	andell						
MAY ZU	31	1		•						

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STA	TE OF MARYL		PARTME				MENTAL HYGIEI				
	1. DECEDENT'S NAME (First,	Aliddle, Lest) He]	len Righ	WAR	DEN	W	aro	len	2. DATE OF DEATH	AN (	941	3. TIME OF DEATH	~M
	4. SOCIAL SECURITY NUMB 215-26-8119	700	M 2 DE	(In yes, last birti	rRS. IF UR	DER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) NOV. 21,	1909	Counti	PLACE (State or Foreign y) nsylvania	1
OR	90. FACILITY NAME (W not interest to the Washington	County F	,		96. (	Hage	rsto		EATH		shin		
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY		10	c. CITY, TOV	N OR LOCA	TION					10d. INSIDE CITY	
DIR	Maryland	Wash	ington		Hag	ersto	wn					LIMITS?	
	10e. STREET AND NUMBER						1. ZIP COD	E		10g. CIT	IZEN OF	VHAT COUNTRY?	
EB	1635 Edgew	vood Place	2				217	40			U.S	.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married FO	AS DECEDENT EVER I PRCES? 1 1 YES YES, GIVE WAR OR D	2X 10		if yes, sp		in, Mexica	IIC ORIGIN? (Specify Y n, Puarto Rican, etc.) /:	s or No	14. RACI Black Spec	- American Indian, k, White, etc. My: White	
8	15. DEC	EDENT'S EDUCATION y highest grade complete	ad)	16a. DECEDI	ENT'S USUA	L OCCUPATI	ON of world		16b. KIND OF B	JSINESS/IN	DUSTRY	-	
COMPLETED	Elementary/Secondary (0		ge (1-4 or 5+)	1	nd of work do NOT use retin sales			110	re	tail	stor	e	
ON	17. FATHER'S NAME (First, M.	liddle, Last)					16. MOT	HER'S NA	ME (First, Middle, Maide	n Surname)			_
BE C	Bru	ice Gu	ıyer					Lott	ie Rhineh	art			
2	19a. INFORMANT'S NAME (7)	1,000,000							Route Number, City or To				
	Mr. Lester							ce .	Apt 2, Ha				)
	20a, METHOD OF DISPOSITION  1 Burial 2 Cremetton 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Legendary, crematory or other place)  Rest Haven Cemetery  5/20/91 Hagerstown, Mary										n, Marylan	ıd	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home  415 E. Wilson Blvd., Hagerstown, Maryland 217										al Home Maryland	,	
	23. PART i. Enter the di shock, or he	iseeses, or compile eart failure. List on	nly one cause on	each line	Do not a	nter the m	ode of dy	ing, suc	h aa cardiac or rea		_	Approximate Interval Between	een
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  A CUTE Subando Cardia Mocardia Onset and I										Onset and De	•th	
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  d.										e J da	X-	
PHYSICIAN: MEDICAL CI	PART II. Other algorifica	the fes	ributing to death,	77	iting in the	undarlylr	g cause	given in	Part I. 24a. WAS / PERF(	N AUTOPSY ORMED?	241	D. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:												
YSI	1 TES 2 NO	101	npatient 2 - ER/Out		DOA 4 🗆	HER: Nursing Ho	ne 5 🗆 R	lesidence	6 C Other (Specify)	UR.			
	27. MANNER OF DEATH	Pending	(Month, Day, Year)	28	b. TIME OF INJURY	W	JURY AT ORK?		28d. DESCRIBE HOV	INJURY O	CCURED		
ED BY	2 Accident 3 Suicide 6	investigation	te. PLACE OF INJUR	Y — At home,	form, street,		YES 2 (	NO	28f. LOCATION (Stree City or Town, Sta	t and Number	er or Rural	Route Number,	
ETE.	4 Homicide	determined								-/			
COMPLET	onei	TIFYING PHYSICIAN: TO HICAL EXAMINER: On 1										a) and manner as stated	d.
BE C	29b. SIGNATURE AND TITLE	OFCERTIFIER	MO	Place	11	Chu.	29c. LIC	ENSE NU	MOER U 250	29d. DA	TE SIGNE	from out was	
2	20 NAME AND ADDRESS OF	PERSON WHO COM	PLETED CAUSE OF O	EATH OTEN 27	O Gross Print	Ira	M	L	107501		1/	19191	

32. REGISTRAR'S SIGNATURE

GUNA WALLESON

-Randell

20091

tomac Ar

1	FOR STATE OF N	IARYLAND / DEPA CERTI	RTMENT OF HI		IENTAL HYGIENE REG. NO.	21	14011
	1. DECEDENT'S NAME (First, Middle, List)	ford			2. DATE OF DEATH DAY	-91 YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  1 M 2 - F	6. AGE (In yrs. lest birthde) YRS.	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Morth, Day, Year)		ertnPLACE (State or Foreign punitry)
TOR	Se. FACILITY NAME (If yot institution give street and number) Washington Co. Hospita	1	96. CITY, TOWN OF	R LOCATION OF DEA	ATH	Wash	ington G.
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c. C	STY, TOWN OR ECCAT	ON			TOd. INSIDE CITY LIMITS?
	Maryland Washington	На	gerstown				1 🔀 YES 2 🗌 NO
RAI	757 Guilford Avenue		101.	21.740		U.S.	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDEN	T EVER IN U.S ARMED		NDENT OF NISPANI	C ORIGIN? (Specify Yee	or No.— 14.1	RACE — American Indian.
B	1 Never Merried 2 Merried FORCES? 1 3 Wildowed 4 Divorced IF YES, GIVE W	YES 2 NO		cify Cuban, Mexicen 2 📉 NO Specify:	, Puerto Rican, etc.)		Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind	'S USUAL OCCUPATIO of work done during mos use retired.)	N t of working	18b. KIND OF BUS	INESS/INDUST	RY
21	College (1-4 or 5 -	•)	ment Oper		Munici	pal St	reet Dept.
Š	17. FATHER'S NAME (First, Middle, Last)				AE (First, Middle, Maiden		
BE	Leslin		lford		erine L.		
2	19e. INFORMANT'S NAME (Type/Print)				loute Number, City or Town		
	Catherine Holmes 200. METNOD OF DISPOSITION	206. PLACE OF DISE	POSITION (Name of cen		Funkstown	CATION — City	
į	1X Buriel 2 Cremation 3 Removal from State 4 Donellon 5 Other (Specify)	Samples	Manor Cer	netery	Sam	ples Ma	anor, Maryland
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	D ADDRESS OF FAC	7606	Boonsb	oro Pike
- 3	Douglas A. Fiery	unlood to			Home Boons		
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one cat IMMEDIATE CAUSE (Final disease or condition resulting in desth)	use on each line.	Canler	de of dylng, such	n aa cerdiec or respi	retory arreat,	Approximete Interval Between Onset end Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	(OR AS A CONSEQUENCE					
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to	death but not resulting	ng in the underlying	g cause given in	Part I. 24e. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		28. Pt	ACE OF DEATN (Che	eck only one)		
SIC	EXAMINER?  1 YES 2 NO HOSPITAL: 1 inputert 2	☐ ER/Outpatient 3 ☐ DO	OTHER: 4 Numbing Norm	e 5 🗆 Residence	8 Other (Specify)		
	Natural 5 Pending	F INJURY 28b.		RK?	28d. DEŞCRIBE HOW	NJURY OCCUR	ED
B	Accident investigation 28e, PLACE	OF INJURY — At home, fer		YES 2 NO	28f, LOCATION (Street	end Number or I	Rural Route Number,
冒	3 Suicide 8 Could not be building 4 Homicide determined	, etc. (Specify)			City or Town, State;		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of						ouse(e) and menner so stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	_		29c. LICENSE NUM		29d. DATE SI	GNED (Month, Day, Year)
TO BE	Muesenet			D325	18	5.	16-91
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAI Dr. R. Guedenet 100	Seeting Lan		ille Ma	ryland 21	756	
	31. DATE FILED (Month, Day, Year) 32. REGISTR	AR'S SIGNATURE		TITE! FIG.	Lyruna Zi	.750	
	MAY 20 '91	Julia Davidson	-Handell				

\$ .

	1. OECEDENT'S NAME (First, Middle, Las							DATE OF E	DAY	O.A.	EAR	3. TIME OF DEA
	Robert Wallac	T 5. SEX	6. AGE (In yrs. las	st hirthday)	IF UNDER 1 YEA	IF UNDER 24 H	_	05	10			PLACE (State or Fi
)	077-18-5317	1 N 2 F	70	YRS.	MONTHS DAY		N.	Month, Day	y, Year)	1920 1	Country	y)
/	9a. FACILITY NAME (If not institution, give	e street and number)	1 /0		9b. CITY, TOW	N DR LOCATION (				9c. COUNTY		
S.	MODITOR OF BECKER	noral H	ospital		Olr	ey				Mont	tgo	mery
DIRECTOR	10a. STATE 10b. COU	NTY			Y, TOWN OR LO							10d. INSIDE CIT
	Maryland	Montgome	ery		Whe	eaton						LIMITS?
FUNERAL	100. STREET AND NUMBER 2815 Lindell	Street				101. ZIP CODE 20902				10g. CITIZEP		USA
ם בי	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 XI WAR OR DATES		If yes,	SECENDENT OF HI specify Cuben, M SES 2 M ND S				or No- 14.		- American Indi , White, etc.
ED	15. DECEDENT'S E (Specify only highest gri				USUAL OCCUP			16b. KIN	D OF BUSIN	NESS/INDUS	TRY	
COMPLET	Elementary/Secondary (0-12) 1-12	Coffege (1-4 or 5 2 yrs	Jil.	. Do NOT u	struction of the struct				Self	emplo	oye	d
Š	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER						
BE		W. Wallac						_	Harp			
2	19a. INFORMANT'S NAME (Type/Print) Ruth C. Walla	ice				et and Number or F L St., W				20902		
	20a. METHOD OF OISPOSITION  1  Burlat 2  Crempton 3  R					cometery, cremator		.011,		ATION — City		wn. Btate
	1 Buriel 2 \( \text{Cremetion} \) Cremetion 3 \( \text{R} \) 4 \( \text{Donation} \) Donation 5 \( \text{Donation} \) (Specify)	amoval from Stam	other p	ort	Lincol	n Cremat	ory					Maryla
	21. SIGNATURE OF JUNEAU SERVICE	ycelesez/	1/1		22. NAME	AND ADDRESS	F FACILIT	Y	7 **			000
	b 1/1 1				Hine	es/Rinai	di h	iiner	al Ho	ome		2019
	23. PART I. Enter the diseases, and the same of the sa	e. List Dnly one ca	iuse on aach iine	е.	1180	00 New F	lamps	hire	Ave	., Si		209 Spr. Md Approxim Interval E Onset an
RTIFICATION	23. PART I. Enter the disease, and anock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Phe OUE TO b. Len	LAND N 2 0 (OR AS A CONSE WO (OR AS A CONSE WO (OR AS A CONSE	OUENCE O	1180 not enter the	00 New F	lamps	hire	Ave	., Si		Spr. Md
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Phe OUE TO DUE	O (OR AS A CONSE	OUENCE O	1180 not enter the	00 New F mode of dying, teral	such as	shire	Ave.	o, Sintory arrest	ε,	Spr. Md Approxim Interval E Onset an
I: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Phe OUE TO DUE	O (OR AS A CONSE	OUENCE O	1180 not enter the	00 New F mode of dying, teral	such as	shire cardiac	Ave	o, Sintery arrest	ε,	Spr. Md
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are supported by the conditions of the cause	a. Phe OUE TO LEAN DUE TO LEAN	O (OR AS A CONSE	OUENCE O	1180 not enter the	00 New F mode of dying, teral	such as	Shire cardlec	AVE or respira	o, Sintery arrest	ε,	Spr. Md  Approxim Interval E Onset an  WERE AUTOPSY I AMALABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.	a. Phe OUE TO LEAST DUE TO LEAS	O (OR AS A CONSE	OUENCE O	1180  bila  Fila	OO New I	n in Pari	cardiac cardiac ti. 24a	Ave. or respira	o, Sintery arrest	ε,	Spr. Md  Approxim Interval E Onset an  WERE AUTOPSY I AMALABLE PRIOR COMPLETION OF OF DEATH?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are subject to the cause of the	a. Phe OUE TO DUE TO DU	O (OR AS A CONSE	OUENCE O	1180  Dila  Fig.  In the underly  OTHER: 4   Nursing H	OO New Formode of dying,  Heral  Ving cause give	n in Pari	cardiac cardiac ti. 24a 1 [	Ave. or respira	o, Sintery arrest	24b.	Spr. Md  Approxim Interval E Onset an  WERE AUTOPSY I AMALABLE PRIOR COMPLETION OF OF DEATH?
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are supported by the conditions of the cause	a. Phe OUE TO LEAN DUE TO LEAN	O (OR AS A CONSE	OUENCE O	1180  Dila  Fig.  In the underly  AE OF 28c.  JURY M 1	PLACE OF DEAT	n in Pari	cardiac  II. 24a  I [ Other (Sp. 4. DESCRIII	AVE or respira	utopsy sep?  No	24b.	Spr. Md  Approxim Interval E Onset an  WERE AUTOPSY I AMALABLE PRIOR COMPLETION OF OF DEATH?
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigatic detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PH	a. Phe OUE TO LEAN DUE TO LEAN	OF INJURY — A1 higher. (Specify)	OUENCE O  OUENCE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNE	I 180 not enter the	PLACE OF DEAT	n in Pari	cardiac  til. 24a  1 [  Other (Sp  d. DESCRIII  LOCATIO City or To	AVE.  or respira  WAS AN AI PERFORM  YES 2 [  ocity)  BE HOW IN.  N (Street annum, State)	utopsy arrest Number or as stated.	24b.	Spr. Md  Approximinterval E Oneet an One
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigatic detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PH	a. Phe OUE TO b. DUE TO C. DUE TO d. Ions contributing to In partent 2 28e. DATE O (Month, In 28e. PLACE be building VSICIAN: To the best of	OF INJURY — A1 higher. (Specify)	OUENCE O  OUENCE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNEE O  TOURNE	I 180 not enter the	PLACE OF DEAT	n in Pari	cardiac  I. 24a  I. 24a  I. Cocario  Other (Sp  DESCRIII  LOCATIO  City or To	AVE or respira	UTOPSY NED? NO	24b. RED Rural R	Spr. Md  Approximinterval E Oneet an One

DHMH-15 Rev 1/89

	REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) Raymond	L. Weilar	nd			2. DATE OF O	DAY 14	YEAR	TIME OF OEATH
)	215-30-2437	1 🔯 M 2 🗆 F	(In yrs. lest birthday) _	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 9-2	7-32	Maryl	
Ю	99. FACILITY NAME (If not institution, give structure) Peninsula General Residence of December 1		pital		or Location of or alisbury			icomi	
DIRECTOR	100. STATE 10b. COUNTY Maryland Wicom	ico	100	TOWN OR LOC	ATION	LIMITS?			1. INSIDE CITY LIMITS? YES 2 NO
	10. STREET AND NUMBER  4606A Ocean Pines		Del		of. ZIP COOE	1.72	10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Diverced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	2 NO	If yes,	CENDENT OF HISPAI specify Cuban, Maxics S 2 NO Specifi	ecify Yes or No-	Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		16a, DECEDENT'S	USUAL OCCUPA: rork done during r e retired.)	TION nost of working	16b. KIND	OF BUSINESS/INC	DUSTRY	White
MPL	12		Uphoiste	erer	Tas MOTUEN'S NA		Employ	ed	
BE CC	Carl Weiland					ne M. 1			
TO B	19a. INFORMANT'S NAME (Type/Print)	3			t and Number or Rural				
	Lorraine E. Weila  20a. METHOD OF OISPOSITION 110 Burlal 2 Cremation 3 - Ramo	2	06. PLACE AND DATE	OF DISPOSITION	Pines, B	DATE	Marylan 20c. LOCATION —		
	4 Donation 5 Other (Specify)		Glen Have	n Mem.	Pk . 5		Glen Burn	ie, Anne	e Arundel, MI
	► A STATE SERVICE SER	الملك		Kirk	ley Funer	al Home		urnie,	MD 21061
	23. PART i. Enter the diseases, or contained the second shock, or heart fellure. It immediates a condition resulting in death)	Arterios	each line.	card:				rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algorificent conditions Hypertensi		but not resulting i	in the underly	ing cause given in		. WAS AN AUTOPSY PERFORMED? YES 2 NO	AM CC OF	PERE AUTOPSY FINDINGS ARLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
ICIAI	25. WAS CASE REFERRED TO MEDICAL. EXAMINER? XXYES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (C				
BY PHYSICIAN:	27. MANNER OF DEATH  1. Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	ome 5 Residence NJURY AT WORK? YES 2 NO	*	BE HOW INJURY OC	CURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, security)	street, factory, o	fica		N (Street and Number wn, State)	er or Rural Rout	te Number,
COMPLETED	(Critical Orliny	CIAN: To the best of my kno							nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		anutar M	יקד	29c. LICENSE NU		29d. DA	5-14	lonth, Day, Year)
10	John T. Bull	completed cause of the	DEATH (ITEM 27) (Type)	Print)	DO35		isburv		
	John T. Bull 31. OATE MAY 17 1991	THE POST AND SEC	A CHIPLANE		15000	, 500		,	<i>y</i>

TAY IS NOT THE

	)	Charles L.	"Woodfield				2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
7		4. SOCIAL SECURITY NUMBER 214-32-828	5. SEX 6. AGE	(In yrs. lest birthday)	MONTHS DAYS	F UNDER 24 MRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) //-21-0	(	BIRTHPLACE (State or Foreign Country)
- No.	IL:	Se. FACILITY NAME (If not institution, gh		nter	Annapo	lis		9c. COUNTY	of DEATH Arundel
DIREC	1	NOS. STATE 10b. COU		10c. CITY	, TOWN DR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		4719 Woodfie				20764		10g. CITIZEN	OF WHAT COUNTRY?
₽		11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 ☐ YES IF YES, GIVE WAR OR I	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) f/:		RACE — American Indian, Black, White, etc. Specify: White			
LETED		15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	ON st of working		usiness/indust				
E COMPL		17. FATHER'S NAME (First, Middle, Last) Herman A. Woo		10101		16. MOTHER'S NA	AME (First, Middle, Melde ie SEars	n Surneme)	
TO BI		190. INFORMANT'S NAME (Type/Print)  Nellie M. Woo		4719	Woodfi	eld Ro	Route Number City or To ad, Gale	sville	e, MD
	L	20e. METHOD OF DISPOSITION  1 Spuriel 2 Cremetion 3 F  4 Donation 5 Other (Specify)	Removal from State	Modfie	ld Ceme	etery	G	ocation — city alesvi	or Town, State
	ı	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ND ADDRESS OF F		_	
	1	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel	or complications that cause on .	ed the death. Do n	905 0	alegvi	neral Ho Lle Road ch as cardiac or res	Gale	Approximate interval Between
CAL CERTIFICATION		shock, or heart fellu	s. Due to (or as Due to (or as Church Due to (or as Due to (or a) Due to	A CONSEQUENCE OF	not enter the mo	de of dying, sur	Congress  Part I. 24a. WAS / PERF	Gale piratory screet	Approximate interval Betwee Onset and Det On
MEDICAL CERTIFICATION		shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit	a. Due to (or as b. Due	A CONSEQUENCE OF	not enter the mo	de of dying, sur	Carcy ST  Carcy ST  Pert I. 24a. WAS / PERF  1 YES	Gale piratory screet	Approximate interval Betwee Onset and Det  MI Approximate interval Betwee Onset and Det  MI AMILABLE PRIOR TO
YSICIAN: MEDICAL CERTIFICATION		shock, or heart fellu iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	B. DUE TO (OR AS C. DUE TO (OR AS DUE TO (OR	ACONSEDUENCE OF A CONSEDUENCE OF A CONSE	ont anter the mo	de of dying, sur	Carcy ST  Carcy ST  Pert I. 24a. WAS / PERF  1 YES	Cale piratory screet	Approximate interval Betwee Onset and Det On
28 IS MARKED, OF 188M 23 SHOWS ANY INJUTY, OF UTING LEAUTION. TED BY PHYSICIAN: MEDICAL CERTIFICATION		shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO	B. DUE TO (OR AS	A CONSEQUENCE OF A CONS	In the underlying  OTHER: 4   Nursing Horr  E OF   28c, IN, WC  M   1	g cause given in  LACE OF OEATH (C	Cough Signature Road Chas cardiac or res	AN AUTOPSY ORMED?  2   400	Approximate interval Betwee Onset and Det On
THE TED BY PHYSICIAN: MEDICAL CERTIFICATION		shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condit  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigati 3 Suicide 6 Could not determine  29a. CERTIFIER (Check only  1 CERTIFYING PI	B. DUE TO (OR AS	ACONSEQUENCE OF A CONSEQUENCE OF A CONSE	and anter the mo	de of dying, such de of de of dying, such de of de of dying, such distributed distri	COULD STORY OF THE PERFORM OF THE PE	IN AUTOPSY ORMED?  2 NO NUMBER OF THE OR	Approximate Interval Betwee Onset and Det On
28 IS MARKED, OF 188M 23 SHOWS ANY INJUTY, OF UTING LEAUTION. TED BY PHYSICIAN: MEDICAL CERTIFICATION		shock, or heart fellu immediate CAUSE (Finel disease or condition resulting in death)  Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions in death) LAST  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1	B. DUE TO (OR AS  DUE	ACONSEQUENCE OF A CONSEQUENCE OF A CONSE	ont enter the mo	de of dying, such de of de of dying, such de of de of dying, such distributed distri	COUNTY STORY  Part I. 24a. WAS / PERF  1 Part I. 24a. WAS / PERF  1 VES  heck only one)  28d. DESCRIBE HOW  28f. LOCATION (Stree-City) or Rown, Stellar to the cause(s) end ne time, date end place,	AN AUTOPSY ORMED? 2 NO	Approximate interval Between Onset and Deal Onset a

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	ONITE OF IMPRIC	CERTI	FICATE O	F DEATH	REG	. NO.		
1. DEGEDENTS TIME THAT MINDS LESS!	CHARLES	WAA	LKER		2. DATE OF DEA APRIL 2	9,19,9	YEAR	3. TIME OF DEATH 4: 45 PM
4. SOCIAL SECURITY NUMBER 212-16-7850	5. SEX 6. AC	GE (In yrs. last birthda)  YRS.	MONTHS DAY		7. DATE OF BIRT (Month, Day, Ye NOV . 21	TH bar)	8. BIRTH Country	PLACE (State or Foreign Y) PTOWN, MD
90. FACILITY NAME (If not institution, give s PENINSULA GENERA				N OR LOCATION OF D		9c. COU	OMIC	EATH
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	γ	10c, 0	STY, TOWN OR LO	CATION				10d. INSIDE CITY
MARYLAND WICOM	ICO	SH	ARPTOWN					LIMITS?
302 WATER STREET				101. ZIP CODE 21861			IZEN OF W	YHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 12 Y. IF YES, GIVE WAR OF	ES 2 NO	II yes,	DECENDENT OF HISPA specify Cuban, Maxic (ES 2 X NO Speci	an, Puarto Rican, et			. — American Indian, t, White, etc. fy: WHITE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind o	r's usual occup. of work done during r use retired.) RIGHT	ATION most of working	UNITE	DE BUSINESS/INI ED BROTH ENTERS &	HERHC	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, M			
HARLEY WHITE WALL	KER			MABEL	FLETCHE			
19a. INFORMANT'S NAME (Type/Print)  MADCADET LIAIVED				et and Number or Rural			p Code)	
MARGARET WALKER  200. METHOD OF DISPOSITION		P. U		2, SHARPT		21861 oc. LOCATION —	City or To	wn State
20a. METHOD OF DISPOSITION	noval from State			EN'S CEM.				MARYLAND
23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	List only one cause o	n each line.	P. (	LER FUNER D. BOX 441 mode of dying, sur Aves t	6, SHARP'	respiratory ar	rrest,	Approximate Interval Between Onset and Death
cause. Enter UNDERLYING CAUSE (Discess or Injury that initiated events resulting in death) LAST	d	A CONSEQUENCE		ying cause given in	n Part I. 24a. W	WAS AN AUTOPSY	246	WERE AUTOPSY FINDINGS
					P	YES 2 10 110		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 HMD
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (C	heck only one)			
27. MANNER OF DEATH  1 Platural 5 Pending Investigation	1 Sempetent 2 □ ER/ 26a. DATE OF INJU (Month, Day, Ye	RY 28b.	4 Nursing I	Home 5 Residence INJURY AT WORK? YES 2 NO		HOW INJURY OC	CCURED	
2 Accident 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (	URY — At home, fam Specify)	m, street, factory, e	office	281. LOCATION ( City or Town,	(Street and Number, State)	er or Rural i	Route Number,
2 MEDICAL EXAMIN 296. SIGNATURE AND TITLE OF CERTIFIE  Parol L	wet	MD	ation, in my opinio		e time, data and ple	ece, and due to t	lhe cause(	a) and manner as stated.
30. NAME AND ADDRESS OF PERSON W	NO COMBLETED CALLED OF	DEATH STEM 37 /	F		lical (			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	Я	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF		1.52	3. TIME OF DEATH
	GEORGE FR	EDERICK 1	FARMER	WOLF		MAY	5, DAY	1991	5:30 a M
	4. SOCIAL SECURITY NUMBER		'In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	HOTH		PLACE (State or Foreign
	214-10-7465	1 🕅 M 2 🗆 F	79 YRS.	MONTHS DAYS	HOURS MIN.	NOV	8,1911	Country)	YLAND
	9a. FACILITY NAME (If not institution, give s	**	75	AL OFFY TOWAL	OR LOCATION OF D			UNTY OF DE	
100		treet and number)				EATH			
0	210 KAY AVENUE			SAL	ISBURY		V	VICOMI	CO
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	v	100 CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
E		COMICO	100.011	SALISBI					LIMITS?
		JOHICO							1 X YES 2 NO
M	10e. STREET AND NUMBER			10	I. ZIP CODE		10g. C		HAT COUNTRY?
<u>u</u>	210 KAY AVENUE				21801			USA	A
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT EVER II FORCES? 1 YES	N U.S. ARMED		ENDENT OF HISPAI			14. RACE	- American Indian, White, alc.
	1 Never Married 2 Amarried	IF YES, GIVE WAR OR D		1 TYES	ecify Cuban, Mexica 2 X NO Specif	in, Puerto Ricei 'y:	1, etc.)	Specify	
84	3 Wildowed 4 Divorced								WHITE
G3	15, DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON set of working	16b. KIN	D OF BUSINESS/I	NDUSTRY	
in	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during me se retired.)	AL OF WORKING				
AP.	12 YEARS	4 YEARS	OWNER	2		1	POULTRY		
COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Midd	le, Maiden Sumame	)	
	GEORGE FRE	EDERICK F	ARMER II	I	MARY	LAUGHI	LIN	WOLE	र ।
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, (	City or Town, State.	Zio Code)	
2	PURNELL Q. WOLF-V	JIFE			JE, SALI				
			. PLACE OF DISPOS			obolit,	20c. LOCATION		
	1 Donation 5 Other (Specify)	STENIO STENIO	ARSONS C	SITION (Name or ce	metery, cremetory or		SALESB		
	21. SIGNATURE OF FUNERAL SERVICE LIN		AKSUNS C	-				oki, i	110
	21. SIGNATURE OF TUNERAL SERVICE LA	11 11		HOLLO	WAY FUNE	RAT HON	ME, PA		
	11) 6	taller.		501 SI	NOW HILL	RD, SA	ALISBURY	, MD	21801
	23. PART I. Enter the diseases, or	compileations that sales	death. Do	not anter the me	oda of dving, suc	h as cardiac	or respiratory	prrest.	Approximata
	23. PART I. Enter the diseases, or shock, or heart failure.	List only one cause on	ch line.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		o. roop.netory		intarvai Between
	iMMEDIATE CAUSE (Final disease or condition	,	C 1	4.					Onset and Death
	resulting in death)	8	Emply	rema	-				20 grs-
		DUE TO (OR AS /	CONSEQUENCE O	2.					
Z	Sequentially list conditions,	b							
CERTIFICATION	if sny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):					
0	CAUSE (Disease or injury	c							
1	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	F):					
H	resulting in death) EAST	d							
	PART II. Other significant condition	ns contributing to death I	urt not requiting	in the underlyin	o course olumn in	Part 1 24	. WAS AN AUTOPS	V 1045	WERE AUTOPSY FINDINGS
MEDICAL	THE STATE OF THE S	- Contributing to death t	out not resulting	in the didenys	g cause given in	Part I. 24	PERFORMED?		AVAILABLE PRIOR TO
ă							YES 2 AO		COMPLETION OF CAUSE OF DEATH?
M									1 NES 2 NO
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck only one)			
SIC	EXAMINER?  1 YES 2 Juno	HOSPITAL: 1   inpatient 2   ER/Out	petient 3 🗆 DOA	OTHER:	ne 8 Presidence	8 Other (Sc	pec/fy)		
H	27. MANNER OF DEATH	28s. OATE OF INJURY	26b. TIN	IE OF 28c. IN	JURY AT		BE HOW INJURY	CCURED	
	1 Netural 8 Pending	(Month, Day, Year)	IN.		YES 2 NO				
В	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJURY	/ At home, farm.			281 LOCATIO	ON (Street and Num	her or Burel B	nuta Mumber
COMPLETED	4 Homicide 8 Could not be	building, atc. (Spe	cify)	,			own, State)	or runarra	out trunning
E I	AA - OFFICIEN								
4		ICIAN: To the best of my know	rledge, death occurr	red at the time, dat	a and place, and du	e to the cause(	a) and manner as a	stated.	
O	one) 2 MEDITAL EXAMIN	ER: On the basis of exemination	on and/or investigation	on, in my opinion,	death occured at the	time, data and	l place, and due to	the cause(s)	and manner as stated.
	296. SHIRHATURE AND TIRE OF CERTIFIE	R			\$9c. LICENSE NU	MBER	29d. D	ATE SIGNED	(Month, Day, Year)
BE	Khayeos				D132	2 7	1 .		
2	30. NAME AND ADDRESS OF PERSON W		ATH (ITEM 97) (Taxa	Print)		22		5-6	
	$\alpha \cap 1$	^	م در ازاد المارازان	,	n	11 -	. Cri	-16-	
	CI. K. LAYTON	1. 1. C. 7. 1m	C S	ALISB	usy "	4 21	10/- 1	445	
30	MAY 0 8 191	32. REGISTRAB'S SIGN	ATURE Pands DO	10	1				
-	I PHI U U J I	1/2							

STATE OF	MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	<b>HYGIEN</b>
	C	ERTIFICATE	OF DEA	TH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  Trene	H.		Wi	ight	2. DATE O	DE DEATH DAY	190	EAR	TIME OF DEATH
	a. social security number a20-01-7260	1 M 2 D F	8 / YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		8-190	9 M	ary 1	
FOR	9a. FACILITY NAME (If not institution, give a PENINSULA GENERAL RESIDENCE OF DECEDENT			SALISB	EATH		9c. COUNTY OF DEATH VICOMICO			
DIRECTOR	10a. STATE 10b. COUNT Maryland Wico			TOWN OR LOCA			10d. INSIDE CITY LIMITS?  1  YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1006 East Rd.			10		10g. CITIZEN OF WHAT COUNTRY?				
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	21801 ENDENT OF HISPAN ecity Cuben, Mexica 2 NO Specifi	n, Puerto A			RACE — A	American Indian, lite, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Cation e completed) College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of we life. Do NOT use	ork done during me retired.)		0.812	None	NESS/INDUS	TRY	
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	liddle, Maiden S	Sumame)		
BE C	Edward Brickhe	ad			Annie	Bro	wn			
TO B	19a. INFORMANT'S NAME (Type/Print) Annie Mae Wils	on			ght Ave					1825
	20e, METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE ometaly, crematory of Pingni	of disposition of other place)	dens	5. 11.	20c. LOC 91 Heb		Md.	,
	21. SIGNATURE OF FUNERAL SERVICE LI	3. Stewa	土		ton F.		wart-	821 Sali		t Rd.
CERTIFICATION	23. PART I. Enter the disease, or shock, or heer feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	s. SEPS S  DUE TO (OR AS A	CONSEQUENCE OF	):					Interval Between Onset and Death	
PHYSICIAN: MEDICAL CE	PART II. Other significent condition	na contributing to deeth bu	it not reaulting in	the underlyin	g ceuse given in	Part I.	PERFORMED?			RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (C)	neck only on	e)			
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ne 5 🗆 Residence		· ·			
Ä	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF 28c. IN	JURY AT		CRIBE HOW II	JURY OCCUI	RED	
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJU		YES 2 NO					
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	— Al home, ferm, st					(Street and Number or Rural Route Number, n, State)		
COMPLETED	one)	SICIAN: To the best of my knowle ER: On the bests of examination								d manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	( )			29c. LICENSE NU		, ]	29d. DATE S	HIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	TN (ITEM 27) (Type,	Print)	13	476	8	> 5/4/91		
5	Jeffrey W 31. DATE FILED (MONTH, DB) 1 Hear)	32. REGISTRAR'S SIGNA	TGO RIV	erside	D #1	3101	Sali	isbu	rej	Md.
	May 0 8 '91	San Voundama	Branda 00							

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ENG	R.	- 20
E	B#	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de the final within 72 hours after death with the State Dest, of Health and Mental Hydlere prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
A	1 L	=
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0	10	3

1. DECEDENT'S NAME (First, Middle, Last)	С	ERTIFICATI	E OF DEATH	REG. NO		3. TIME OF DEATH			
LEROY	P.		WILLIAMS	05 20		4:00P			
4. SOCIAL SECURITY NUMBER 457-42-1673	5. SEX 6. AGE (In yrs. le	yrs. IF UNDER	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  APTI 10 1	(	BIRTHPLACE (State or Foreign Country)			
9e. FACILITY NAME (If not institution, give st WASHINGTON C	reet and number) OUNTY HOSPITAL	9b. CIT	Y, TOWN OR LOCATION OF D HAGERSTOWN	EATH	9c. COUNTY WASH	OF DEATH HINGTON			
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		10c. CITY, TOWN	OR LOCATION		0	10d. INSIDE CITY			
Pa. Ful	ton	Big (	TOUR TAN	Nery 1	10g. CITIZEN	1 ☐ YES 2 W NO			
	2× 75		17217	_		L S.A.			
11. MARITAL STATUS 1 ☐ Never Merried 2 M Merried 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 (1) YES 2   IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White			
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ECEDENT'S USUAL C Give kind of work done e. Do NOT use retired.)	during most of working	16b. KIND OF BU	JSINESS/INDUST	TRY			
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maide	n Sumame)				
19a. INFORMANT'S NAME (Type/Print)	William		SS (Street and Number or Rural	27 W	I NK	-			
Cax later 1	11112	40001	Royas R	Could harrow, city or to	Tay 13 10	N PA 17217			
20e. METHOD OF DISPOSITION 1 Buriel 2 □ Cremation 3 □ Rem				151 1 2	OCATION — City	or Town, State			
1 Buriel 2 Cremation 3 Removal from State  of cemetary, crematory of other place)  4 Donation 5 Dother (Specify)  Laurel Ridge Christian  1904/8 Big Cove Tankery Pa									
		rel Kids	e Christian						
21. SIGNATURE OF FUNERAL SERVICE LIC		₹2	SIPES (- W)	ACILITY HOS	ne II	JC /			
21. SIGNATURE OF FUNERAL SERVICE LIC	L Sines	14	NAME AND ADDRESS OF F SIPES I WILL CRG4 BOX81	HZYYISON	me II	1c /228			
21. SIGNATURE OF FUNERAL SERVICE LICE  Advand  23. PART I. Enter the diseases, or	L Sines	leath. Do not entere.	NAME AND ADDRESS OF F SIPES I WILL CRG4 BOX81	HZYYISON	me II	Approximate Interval Between			
21. SIGNATURE OF FUNERAL SERVICE LICE  ACCORDANCE OF STATE OF THE SERVICE LICE  23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	Syses  Complications that caused the d Liet only one cause on each lin  a. MULTIPLE INT	leath. Do not entere.	NAME AND ADDRESS OF F SIPES I WILL CRG4 BOX81	HZYYISON	me II	Approximate Interval Between			
21. SIGNATURE OF FUNERAL SERVICE LICE  23. PART I. Enter the disease, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	Complications that caused the dilet only one cause on each lin  a. MULTIPLE INT.  DUE TO (OR AS A CONSI	iceth. Do not entere.  WRIES EQUENCE OF):	NAME AND ADDRESS OF F SIPES I WILL CRG4 BOX81	HZYYISON	me II	Approximate Interval Between			
23. PART I. Enter the disease, or shock, or heart fallure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSI	leeth. Do not entere.  WRIES EQUENCE OF):  EQUENCE OF):	NAME AND ADDRESS OF F SPES TO LA CRG4 Box81 or the mode of dying, su	ACILITY  JEYS HON  HZYY SON  ch as cardiac or rea	ME TI  PULLE P.  PIRATOPSY  PRINCE  PR	Approximate Interval Betwo Onset and De			
21. SIGNATURE OF FUNERAL SERVICE LICE  23. PART I. Enter the disease, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	leeth. Do not entere.  WRIES EQUENCE OF):  EQUENCE OF):	NAME AND ADDRESS OF F SPES TO LA CRG4 Box81 or the mode of dying, su	ACILITY HOY HZYYISON ch as cardiac or rea	ME TI  PULLE P.  PIRATOPSY  PRINCE  PR	Approximate Interval Between Onset and De On			
21. SIGNATURE OF FUNERAL SERVICE LICE  ACCORDANCE OF SUPPLY SERVICE LICE  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL	COMPICATIONS that caused the dilet only one cause on each line.  BULTIPLE INITIALS.  DUE TO (OR AS A CONSIDER.  C. DUE TO (OR AS A CONSIDER.  DUE TO (OR AS	leath. Do not entere.  LEASEQUENCE OF):  EQUENCE OF):  resulting in the u	. NAME AND ADDRESS OF F S P L S T L L C C G G B B X S I or the mode of dying, su  inderlying cause given in 26. PLACE OF DEATH (C	ACILITY JEYAL HON HZYYISON ch as cardiac or rea Perform 1 XYES	ME TI  PULLE P.  PIRATOPSY  PRINCE  PR	Approximata Interval Batwa Onset and De			
21. SIGNATURE OF FUNERAL SERVICE LICE  Advance  23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions	DUE TO (OR AS A CONSI	leath. Do not entere.  WRIES EQUENCE OF):  EQUENCE OF):  recuting in the u	. NAME AND ADDRESS OF F S P L S T L L C C G G B B X S I or the mode of dying, su  inderlying cause given in 26. PLACE OF DEATH (C	n Part I. 24a. WAS A PERFC	ME TI  PULLE P.  PIRATOPSY  PRINCE  PR	Approximate Interval Betwee Onset and De Ons			
21. SIGNATURE OF FUNERAL SERVICE LICE  Advance  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhitated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XXX YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending	Complications that caused the dilet only one cause on each line.  B. MULTIPLE INT.  DUE TO (OR AS A CONSIDE.  DUE TO (OR A	eath. Do not entere.  PRIES EQUENCE OF):  EQUENCE OF):  To a Doa OTHE  3 Doa OTHE  1 Doa OTHE  1 Doa OTHE  2 Doa TIME OF  BIJURY	. NAME AND ADDRESS OF F S P L S C L S C C C B B S S I  The mode of dying, su  Inderlying cause given in  28. PLACE OF DEATH (C ER: Unsing Home 5 — Residence  28. INJURY AT WORK?	ACILITY  PET I. 24a. WAS A PERFC    YES   1 X YES	NAUTOPSY PRIMED?	Approximate Interval Betwo Onset and De Onse			
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XIX. YES 2 \( \) NO  27. MANNER OF DEATH	COMPICATIONS that caused the dilet only one cause on each line.  B. MULTIPLE INITIOUE TO (OR AS A CONSIDER.)  DUE TO (OR AS A CONSIDER.)  DUE TO (OR AS A CONSIDER.)  B. DUE TO (OR AS A CONSIDER.)  C. DUE TO (OR AS A CONSIDER.)  DUE TO (OR AS A CONSIDER.)  HOSPITAL:  1   Inpetient     ER/Outpetient.	Teournce of:  Te	. NAME AND ADDRESS OF EST PES TEXT CEG4 Box 81  or the mode of dying, su  inderlying cause given in  26. PLACE OF DEATH (C ER: unsing Home 5 Residence  28c. NAURY AT WORK?  1 YES 22 NO	ACILITY  HOYAL HOYAL  H	IN AUTO	ACCIDENT			

111 PENN STREET

DHMH-16 Rev 1/89

BALTIMORE,

DONALO G.

Novald & Whigh MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

And the second of the second o

BALTIMORE, MARYLAND 21203-3146

THE NOS	e detachi		t once.
TO THE HUSPITAL DR ALLENDING PRESIDIAN: The taw requires that the death definicate be executed within a mount and death. Page o may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
may be re	r, page 5		st be no
. rage o	ral directo		iner mu
ifter Death.	the funer	loval.	al exam
S about 8	filled in by	on, or rem	ne medic
U WILLIAM D	mpletely 1	I, crematic	event, th
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BUILDINGER	ing physic	rgiene pric	other tra
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AN: The	rificate ha	e State D	or Item ?
IS PHYSIC	ter this cer	ath with th	narked,
AI LENUIN	ECTOR: Aft	s after de	1 28 IS T
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	FOR STATE REGISTRAR		STATE OF MA					EALTH AND DEATH	MENT	AL HYGII		11	14525	
	1. DECEDENT'S NAME (First,		ELIZABET		OUNG				2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATN	
. 1	ELIZABE		A Younk					0	5 6	25	199	4		
	4. SOCIAL SECURITY NUMB			MONTHS DAYS HOURS MIN.					(Mo	E OF BIRTH nth, Day, Year		6. BIRT	THPLACE (State or Foreign atry)	
4	579-48-049		1 M 2 X F	57	YRS.					OCT.23,1933 OH				
05	9a. FACILITY NAME (If not ins			PO A T				R LOCATION OF D	DEATN			DUNTY OF		
D.	WASHINGTON RESIDENCE OF DEC		TST HOSPI	TAL	TAKOMA PARK						M(	MONTGOMERY		
DIRECTOR	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION				10d. INSIDE CITY LIMITS?		
	MARYLAND	PRINC	E GEORGE'	S		COLI	OLLEGE PARK						1 TYES 2 NO	
FUNERAL	10e. STREET AND NUMBER						101	. ZIP CODE			10g. (	ITIZEN OF	WHAT COUNTRY?	
ÿ	5018 BERWYN	ROAD				1		2074				USA		
	11. MARITAL STATUS  1 Never Married 2	Married	12. WAS DECEDENT I FORCES? 1	YES 2 XI			It yes, sp	ENDENT OF NISPA	en, Puart			Bla	CE — American Indian, ck, Whita, etc.	
B	3 Widowed WY Divor		IF YES, GIVE WAF	OR DATES			1 TYES	2 PNO Spec	elfy:			Spe	white	
8		EDENT'S EDUC		16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON at of working	1	66. KIND OF	BUSINESS/	INDUSTRY	WILLE	
	Elementary/Secondary (0-		College (1-4 or 5 +)	life	. Do NOT u	se retired.)				AFL-	-CIO			
COMPLETED	12			ADM:	INIST	[RAT]	IVE A	ASSISTAN		FEDER			MENT	
	17. FATNER'S NAME (First, MI ROSCOE WIL							18. MOTNER'S N				9)		
BE	19a. INFORMANT'S NAME (7)			140	b. MAII IM	ADDRES	© /Stenat n	LLIZA		HART		Zin Cordo)		
2	JANET M. BE	(DAUGHTE									20708			
	20a. METNOD OF DISPOSITI		SITION (N	ACKWOOD COURT LAUREL, MI (Name of cemetery, crematory or 20c. LOG					D. 20/18 20/00 OCATION — City or Town, State					
	1. Burial 2 Crematio 4 Donation 5 Other	FORT LINCOLN CEME					ETERY		BR	ENTW(	OOD,	MARYLAND		
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	SEE 22. NAME AND ADDRESS OF F FRANCIS J. CO										
	sentapo	5 6	500 UNIVERS											
	23. PART I. Enter the di												Approximats	
	shock, or he IMMEDIATE CAUSE (Fin		List only one cause	on each line	A.	. /							Interval Between Onset and Death	
	disesse or condition	<b>→</b> 70	. HPDO	ulic'	ta	16/4	118						Smula	
			1/1/0	AS A CONSE	QUENCE O	en:	D	east	-/	A	0		10. 0	
O	Sequentially list conditi		b. JOUE TO (	H AS A CONSE	QUENCE O	(F) <sub>C</sub>	D	Easi	-	MUC			18 MONEY	
ATI	If any, leading to immed cause. Entar UNDERLYI	ING				1000								
E	CAUSE (Disease or inju that initiated events	עוי איי	DUE TO (O	R AS A CONSE	OUENCE C	F):								
CERTIFICATION	resulting in death) LAS	т (	d.											
	PART II. Other significa	ant condition	s contributing to d	eath but not	rasultina	In the u	ndarivin	a cause alvan li	n Part I.	24a, WAS	AN AUTOP	SY 2	4b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL							, , , , , ,			PER	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
										1 11 12	2 JAC NO		OF DEATH?	
2 :-			· · · · · · · · · · · · · · · · · · ·											
NA!	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL						LACE OF DEATH (C	Check only	one)				
/SIC	1 VES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nu		ne 5 🗆 Rasidence	8 🗆 0	ther (Specify)				
H	27. MANNER OF DEATH	Pending	28a. DATE OF IN (Month, Day)		28b. TII	WE OF JURY	WC		26d. [	ESCRIBE NO	W INJURY	OCCURED		
_	1 Metural 5		(Month, Day, Year) INJURY WORK?  M 1 YES 2 NO						204.1	CONTION (Co.		har as Dan	1 Day to Manager	
ВУ	2 Accident	Investigation	28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
ВҰ	2 Accident 3 Suicide 8	Investigation Could not be detarmined	28a. PLACE OF building, at	injury — At h	orne, territ,				°	ny or lown, S	are)			
ВҰ	Accident  3 Suicide S Homicide	Could not be determined	building, at	c. (Specify)										
ВҰ	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only	Could not be determined	building, at	c. (Specify) ry knowledge, d	eath occur	red at the	time, date	and place, and du	ue to the	cause(s) and	menner aa		e(s) and menner as stated.	
COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only only only only only only only only	Could not be determined	N: To the best of m	c. (Specify) ry knowledge, d	eath occur	red at the	time, date	and place, and du	ue to the	cause(s) and	menner as	o the cause	e(s) and menner as stated.	
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only only only only only only only only	Could not be determined	N: To the best of m	c. (Specify) ry knowledge, d	eath occur	red at the	time, date	and place, and du	ue to the	cause(s) and	menner as	o the cause	e(s) and menner as stated.	
COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only only only only only only only only	Could not be detarmined	N: To the best of m	ny knowledge, d mination and/or	eath occur investigati	red at the ion, in my	time, date opinion, o	and place, and defeath occurred at the	ue to the he time, d	cause(s) and sta and place	menner as, and due t	DATE SIGN	Eg (Mghtt_Dey, Year)	
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only MED)  29b. SIGNATIVE AND JITE	Could not be detarmined	Duliding, at the best of many on the basis of axa	ny knowledge, d mination and/or	eath occur investigati	red at the ion, in my	time, date opinion, o	and place, and defeath occurred at the	ue to the he time, d	cause(s) and sta and place	menner as, and due t	DATE SIGN	11	

32. REGISTRAR'S SIGNATURE

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DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the filed within 72 hours after death with the State Dept. of Health and Manital Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	760, BALTIMORE, MARYLAND 21215-0020	d within 24 hours after death. Page 6 may be retained by the hospital or attending physici mipletely filled in by the funeral director, page 5 should be detached for use as the burial-transfer or removal.	event, the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 687	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and control control and the statement of	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic

REGISTRAR		CI	EKITE	CALE	OF	DEATH	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last ANNA	o T		YURC	ESSEN			2. DATE OF	DAY	- (99		
4. SOCIAL SECURITY NUMBER 579-50-8803	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 Y	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	BIRTH ly. Ybar)	6. B	IRTNPLACE (State or Foreign ountry)	
579-50-8803  96. FACILITY NAME (If not institution, give	Λ .	94		9b. CITY, TO	OWN OF	R LOCATION OF DE	APRIL		COUNTY O	ENNSYLVANIA OF DEATH	
	LLE ROAD,	#1024		SILVER SPRING					MONTGOMERY		
10e. STATE 10b. COU	GOMERY			LVER						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 8811 COLESVILL	E ROAD, #	1024	101. ZIP CODE 20910					10		OF WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. AI	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					pecify Yes or in, etc.)	1	RACE — American Indian, Black, White, stc. Specify: WHITE	
(Specify only highest gn Elementary/Secondary (0-12)						N It of working	16b. KIP	ID OF BUSINE	ESS/INDUST	RΥ	
8		HC	MEMAR	KER				_			
17. FATHER'S NAME (First, Middle, Last)	DET DAC				- 1	16. MOTHER'S NA			,		
MICHAEL  199. INFORMANT'S NAME (Type/Print)	BELBAS	44	h MAILING	ADDRESS /	Change on	ANNA nd Number or Rural		LORENZ		20910	
MARCELLA M. YUR	CESSEN (DA										
20e. METHOD OF DISPOSITION 1 Sp Burlel 2 Cremation 3 R 4 Donetion 5 Other (Specify)		20b. PLACE	ANO OATE	or other place	ITION (	(Name	DATE	20c. LOCAT	ION — City	or Town, State	
21. SIGNATURE OF TUNE RAL SET ACE	LICE TO SERVICE TO SER	T HOLI	CKUS	FRA	ME C'I	D ADDRESS OF FA	LLINS	FUNERA	AL HON	ME, INC. SP., MD 209	
disease or condition recuiting in death)  Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	reculting in death)  Due to (or as a consequence of):  Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  Due to (or as a consequence of):  CAPLIANS ON SONS DIS RAS CONSEQUENCE OF):  Oue to (or as a consequence of):										
PART II. Other significent conditions of the con	BRaIN							e. WAS AN AU PERFORME YES 2	D?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1- YES 2 NO  27. MANNER OF OEATH					26. PL	ACE OF DEATH (C)	heck only one)				
1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	ng Nome	5 Mesidence	8 Other (S	pecify)			
27. MANNER OF OEATH	28e. DATE OF (Month, D		28b. TIM	E OF 2	8c. INJU		28d. DESCR	IBE HOW INJU	JRY OCCURE	:D	
1 Natural 5 Pending 2 Accident Investigation		-		М	1 🗆 Y		-				
	3 Suicide S Could not be 28e. PLACE OF INJURY — At building, etc. (Specify)								28t, LOCATION (Street and Number or Rural Route Number, City or Town, State)		
Anni dini	YSICIAN: To the best of a									ruse(e) and manner ee stated.	
29b. SIGNATURE AND TITLE OF CERTI	FIER A	,				29c. LICENSE NU	MBER	2	9d. DATE SK	GNED (Month, Day, Year)	
Polan Intervent no Do5276 >5-13-								-13-91			
SO. NAME AND ADDRESS OF PERSON	WNO COMPLETE CAUSE	SE OF DEATH (IT		Print)	49	77 B	a77	en~ (	MANO	Bathers	
31. DATE FILED (Month, Day, Year)	32 REGISTRA	AR'S SIGNATURE	ndell.		,			- ,, ,		20111011	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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31, DATE FILED (Month, Day, Year) MAY 8

MERENDINO M.D.

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF QEATH 2. DATE OF DEATH NOYEMIK ZOHRABBEGIANIS NOYEMIK Q. ZOITRABBECIANTZ 00 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 215-76-2629 DAYS HOURS 1 M 2 KF YRS. 01-23-0 IRAN 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF GEATH 9b. CITY. TOWN OR LOCATION OF GEATH DIRECTOR HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY n by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, removal. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 902 CLINTWOOD DRIVE 20902 after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, While, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married YES, DIVE WAR OR DATES Specify: BY 3 🕅 Widowed 4 🗌 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOMEMAKER once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ZOHRAB notified at ZOHRABIAN **GOHAR** ASSATOURIAN BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 KATRIN ABRAHAMIAN (DAUGHTER) CLINTWOOD DRIVE SILVER SPRING, MARYLAND 20902 9 20 METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State DATE must GATE OF HEAVEN CEMETERY 4 Donation 6 Other (Specify) SILVER SPRING, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. actaly 500 UNIVERSITY BLVD., W.SIL.SPR., MD. 23. PART I. Enjer the dise medical ses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate 교 shock, or heart fallure. List only one cause on each line. Interval Between 6 IMMEDIATE CAUSE (Final Onset and Deeth and completely filled 24 OUE TO (OR AS A CONSEQUENCE OF): cremation, the event. resulting in death) PNEUMONIA Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediate attending physician e. Entar UNDERLYING CAUSE (Disease or Injury that initiated events other t DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 signed by the atter Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL MILABLE PRIOR TO AVAILABLE PRIOR TO COMPLETION OF CAUSE 23 shows any 1 YES 2 NO OF DEATH? 1 | YES 2 | NO Deen 6 PHYSICIAN: State Dept. has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate HOSPITAL: OTHER: 1 YES 2 4-NO etient 2 ER/Outpatient 3 DOA ng Home 5 Residence 6 Other (Specify) 4 🗌 Nurs marked, or the 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 26c. INJURY AT WORK? With this 1 Natural 6 Pending 1 YES 2 NO BY 2 Accident death Investigation ATTENDING 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28 is 6 Could not be determined COMPLETED DIRECTOR: hours after 4 Homicide IMPORTANT: If Item 8 29a, CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. THE HOSPITAL (
THE FUNERAL D
filed within 72 h on and/or investigation, in my opinion, death occured at the lime, data and place, and dua to the cause(a) and menner se stated. 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 38 D 08544 MAY 4, 1991 299 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

4701 RANDOLPH ROAD #216 ROCKVILLE, MARYLAND

32. REGISTRAR'S SIGNATURE PANGENE

OHMH-16 Rev 1/89

			FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			NTAL HYGIEN	91	14320
•	~		1. DECEDENT'S NAME (First, Middle, Last)	e 5.	Zoeller	ler	2.	DATE OF DEATH DATE OF BIRTH	. 199	
(	رج)		4. SOCIAL SECURITY NUMBER			ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	904	BIRTHPLACE (State or Foreign Country) New Hampshire
1-7	1, 2, 3	TOR	9a. FACILITY NAME (If not institution, give :		inter "	Galt	hers bu	<b>1</b>	M DO	tgomery
	prystrans. burial-transit permit. Pages 1	L DIRECTOR	10a. STATE 10b. COUNT MD MO  10c. STREET AND NUMBER	ontgomery	_	omac				10d. INSIDE CITY LIMITS? 1 2 YES 2 NO
	nsit per	FUNERAL	11834 Enid Driv	re		107.	20854			S.A.
21203-3146	# E	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, spe	ENDENT OF HISPANIC ( actity Cuban, Mexican, P 2 1 NO Specify:	ORIGIN? (Specify Yai tuerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify White
203-	use as	TED	15. DECEDENT'S EDU (Specify only highest grad	e completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	SUAL OCCUPATION  k done during most	N st of working	16b. KIND OF BUS	SINESS/INDUST	RY
D 21	detached for once.	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemal			Own H	lome	
MARYLAND	be detach	E CO	17. FATHER'S NAME (First, Middle, Lest)  John Sewall				18. MOTHER'S NAME Edith I		Surname)	
ARY	5 should	TO BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Rout			ja)
ALTIMORE, M.	ector, pa		Marilyn Mahan  20g, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ran	20	b. PLACE OF DISPOSIT	ION (Name of cen	., Potomac	20c. LO	20854 CATION — City	or Town, State
			4 Donation 5 Other (Specify)	1000-000-000-000-000-000-000-000-000-00	Arlington		al Cemeter		lingto	n, VA
BALTIMORE,	- 37 75		21, SIGNATURE OF FUNERAL SERVICE LI	le.hel	Lon		o ADDRESS OF FACILI h Gawler's Wisconsin			ton,D.C. 2001
	filled in by the on, or removal the medical			complications that cause List only one cause on		enter the mo	de of dying, such a	s cardiac or reap	Iratory arrest	Approximate Interval Between Onset and Deat
6,	tion,		iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. Acute M	A CONSEQUENCE OF):		nfarcti		<u>.</u>	3min
	bur	NOI	Sequentially list conditions, if any, leading to immediate	a Arteriosclerotic heart disease					se	
	peaul certificate be ex attending physician a ental Hygiene prior to try, or other traum	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	CDUE TO (OR AS	A CONSEQUENCE OF):					
S, P.	the atter Mental Miury, o	L CE	PART ii. Other significant condition	ns contributing to deeth	but not resulting in	the underlying	g cause given in Pa	rt i. 24e, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
	been signed by it. of Health and I shows any it	MEDICA	Dementia	- perha	pr al	shein	ners ty	PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1  YES 2 NO
1	as bept.	IAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Check	only one)		
VITAL	this certificate his with the State E	YSICI	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Out	patient 3 DOA 4	A	e 5 Rasidence 6			
	fer this cath with marked,	ву рну	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI		RK?	ad. OESCRIBE HOW	INJURY OCCUR	EO
DIVISION	S K D M	8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spo	Y — At home, farm, str ecify)	eet, factory, offic	20	Bf. LOCATION (Street City or Town, State,		Rural Route Number,
2	DIRE	IPLET		SICIAN: To the best of my know	wledge, death occurred	at the time, date	and place, and due to	the cause(a) and me	nner as stated.	
	THE HUSPITAL THE FUNERAL filed within 72 PORTANT: If I	COMPL	The second secon	IER: On the basia of examinati	on end/or Investigation,	In my opinion, d				
	TO THE FUNER DE FIEE WITHIN IMPORTANT:	BE	29b, SIGNATURE AND TITLE OF CELLUIP	Ren	Lors	mD	0723	:R	29d. DATE SI	IGNED (Month, Day, Year)
		5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF O	EATH (ITEM 27) (Type, P		7	1		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAMAS R. MODR Jr. 207 Brodha.

ODR Jr. 207 Bro

31. DATE FILED (Month, Depritor)

MAY 3

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	10 THE FINERAL DIRECTOR: After this certificate has been signed by the attention physician and competenty med in by the funeral director, bare to see a size burial-transit permit. Pages 1, 2, 3 should be fined within 72 hours after death whether after and hydron prints to the burial cramation, or removal.  The property is the property of the proper
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1 -	REGISTRAR  DECEDENT'S NAME (First, Middle, Last)				5		2. DATE OF	DEATH		3. TIME OF DEATH
	SPTRO	A	•	ASIM	NIOS		MONTH 05	28	19 <b>91</b>	7:50 A
	RIA-26-0632	5. SEX 1 M 2 F	8. AGE (In yrs. lest	YRS. MON		OURS MIN.	7. DATE OF (Month, De	ly, Year)	Cou	THPLACE (State or Foreign Intry) OHIO
94	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DE									
<u> </u>	SHOCK TRAIMA UNIT BALTIMORE CITY									
_	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS? 10 YES 2 NO	
	0a. STREET AND NUMBER	TETTO			10f. Z	IP CODE		10g	. CITIZEN OI	F WHAT COUNTRY?
UNERAL	6906 GUNDE	R AVE				212:	20		US	5 A
1	1. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	YES 2 NO		If yes, specif	DENT OF HISPA ty Cuben, Mexico NO Specia	en, Puerto Rice		81	ACE — American Indian, ack, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade	e completed)	(Giv	CEDENT'S USUA ve kind of work of Do NOT use reti	AL OCCUPATION done during most of red.)	of working	18b. KII	OF BUSINES	S/INDUSTRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	11	RONW	ORKE	R	L	OCAL	+16	
77	7. FATHER'S NAME (First, Middle, Last)				1	8. MOTHER'S NA	AME (First, Midd	lle, Malden Surna	eme)	
<u> </u>	ANTONIOS	ASIM	ENIO	S		HE	LEN	SA	MA	RAS
19	9a. INFORMANT'S NAME (Type/Print)			MAILING ADD	RESS (Street and		^			2 24
	GLORIA ASI	MENIOS		375.	IOLNA	ST.		7. M.I.		
1	Burial 2 Cremation 3 Rem	noval from State	of cemetary.	crematory or o		ame	6/1/a	AA 1		
-	4 Donation 5 Other (Specify) DAK LAWN 1//91 BALT, MD									
10 -	II. OF OTHER DESIGNATION OF THE OFFICE OF	ICENSEE			22. NAME AND	ADDRESS OF F	ACILITY,	WE OF	Klank	AI K
2	23. PART I. Enter the diseeses, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that Liat only one caus	se on each line.	1 1	22. NAME AND CONNEL. 7110 So onter the mode	LLERS	PT. R		LT. M	ALK D 2/322 Approximata Interval Betw Onset and Do
2 III dd	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentlelly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that List only one caus a.  DUE TO (		QUENCE OF):	7110 So	LLERS	PT. R	D. BA	LT. M	D 2/222 Approximata Interval Betw
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO (c	OR AS A CONSEQ	DUENCE OF):	7110 So onler the mode	LLERS of dying, sur	PT. R ch ea cardiac	D. BA	LT, Mry arrest,	D 2/222 Approximata Interval Betw
MEDICAL CERTIFICATION	23. PART I. Enter the diseeses, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (c. DUE TO (d	OR AS A CONSEQUENCE OR AS	DUENCE OF): DUENCE OF): DUENCE OF):	7110 So prior the mode	LLERS of dying, sur	PT. R ch ea cardiac	c or respirator	LT, Mry arrest,	Approximata Interval Betw Onset and Do  24b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XYES 2 \( \subsetember \) NO	complications that List only one caus a.  DUE TO (  DUE	OR AS A CONSEQUENCE OR AS	DUENCE OF): DUENCE OF): DUENCE OF):	7110 So onter the mode of the modelying of the underlying of the Ft:	Cause given in	PT. R ch ea cardiac  Part I. 24  heck only one)	a. WAS AN AUTO PERFORMED	DPSY	Approximata Interval Betw Onset and De  24b. WERE AUTOPSY FINDM AMULABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  YES 2 \( \) NO
THYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  **EXAMINER OF DEATH**  1   Ngtural 5   Pending	a. DUE TO (c. DUE TO (d	OR AS A CONSEQUENCE OR AS	DUENCE OF): DUENCE OF): DUENCE OF):	ne underlying of	Cause given in	PT. R  the ea cardiac  heck only one)  6 □ Other (S  28d. DESCR	e. WAS AN AUTO- PERFORMED TYES 2 1	ry arrest,	Approximata Interval Betw Onset and De  24b. WERE AUTOPSY FINDM AMULABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  YES 2 \( \) NO
BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentleily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation Suicide 6 Could not be	complications that List only one caus  a.  DUE TO (  b.  DUE TO (  d.  D	OR AS A CONSEQUENCE OR AS	DUENCE OF):	28. PLACE THER: Nursing Home 28. INJUR WORN M 28. INJUR VE	Cause given in	Part I. 24  heck only one)  28d. DESCR  SUI  281. LOCATE	a. WAS AN AUTT PERFORMED YES 2   P	OPSY TO OCCURED THE	Approximata Interval Betw Onset and De  24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  WES 2 - NO  CHIRTY FEET ral Route Number,
BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  WYES 2 NO  17. MANNER OF DEATH  1 Ngtural 5 Pending Investigation  3 Suicide 6 Could not be determined	complications that List only one caus  a.  DUE TO (  b.  DUE TO (  d.  DUE TO (  d.  HOSPITAL:  XIAInpettent 2   26e. DATE OF (  ///////////////////////////////////	OR AS A CONSEQUENCE OF AS	DUENCE OF):	28. PLACE THER: Nursing Home To 28c. INJUR M YE (, factory, office	Cause given in	Part I. 24  heck only one)  28d. DESCR  SUI  281. LOCATE	a. WAS AN AUTT PERFORMED YES 2   P	OPSY TO OCCURED THE	Approximata Interval Betw Onset and Do
BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentlelly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  17. MANNER OF DEATH  1   Ngtural   5   Pending Investigation   1   Centrifying Physicides   1   Centrifying Physic	DUE TO (  DUE TO	OR AS A CONSEQUENCE OF AS	DUENCE OF):  DUENC	26. PLAN  THER: Nursing Home  26. INJUR  WORN  M  THER: A Lactory, office  PANY  The time, date as	Cause given Ir	heck only one)  28d. DESCR  28d. DESCR  28d. LOCATI City or	a. WAS AN AUTO PERFORMED TYPES 2 1 PERFORMED T	Pry arrest,  OPSY Pry NO  RY OCCURED  TY Unimber or Fluit  S POI  as stated.	Approximata Interval Betwood Onset and De On
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the disesses, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1	a. DUE TO (1)  b. DUE TO (1)  c. DUE TO (1)  d. HOSPITAL:  XIXInpettent 2   26e. DATE OF (1)  26e. DATE OF building, (2)  RETHIF	OR AS A CONSEQUENCE OF AS	DUENCE OF):  DUENC	28. PLACE THER: Nursing Home To get an in my opinion, dea	Cause given Ir	heck only one)  6 □ Other (S  28d. DESCR City or  10 to the causes 10 to the causes 10 to the causes 10 to the causes 11 to the causes 12 to the causes 13 to the causes 14 to the causes 15 to the causes 16 to the causes	e. WAS AN AUTO- PERFORMED TYES 2 1 8  SPECT F ON (Street and A lown, State) SPARROW  (a) and manner d place, and du	PY OCCURED THE POLY OF THE POL	Approximata Interval Betw Onset and Do
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentlelly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  17. MANNER OF DEATH  1   Ngtural   5   Pending Investigation   1   Centrifying Physicides   1   Centrifying Physic	a. DUE TO (1)  b. DUE TO (1)  c. DUE TO (1)  d. HOSPITAL:  XIXInpettent 2   26e. DATE OF (1)  26e. DATE OF building, (2)  RETHIF	OR AS A CONSEQUENCE OF AS	DUENCE OF):  DUENC	28. PLACE THER: Nursing Home To get an in my opinion, dea	Cause given in CE OF DEATH (C	heck only one)  S Other (S  28d. DESCR  SUI 28t. LOCATI City or (S)  the to the cause of time, date an	a. WAS AN AUTO PERFORMED TYPES 2 1 8  Specify)  BE HOW INJUF BJECT F ON (Street and Nown, State)  SPARROW  (a) and manner d place, and du	PY OCCURED TO NO PORT OF THE COURT OF THE CO	Approximata Interval Betw Onset and De Onset
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the disesses, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1	complications that List only one caus  a.  DUE TO (  b.  DUE TO (  c.  DUE TO (  d.  HOSPITAL:  XIXInpettent 2    28e. DATE Of  building, (  RETHIE  SICIAN: To the best of or  SICIAN: To the best of exercises.	OR AS A CONSEQUENCE OF AS	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DOA 4 CONTROLL  28b. TIME OF 10 5 UAN TIME OF 10 TIME OF	26. PLACE THER: Nursing Home To get the time, date as my opinion, dear	Cause given Ir	heck only one)  S Other (S  28d. DESCR  SUI 28t. LOCATI City or (S)  the to the cause of time, date an	a. WAS AN AUTO PERFORMED TYPES 2 1 8  Specify)  BE HOW INJUF BJECT F ON (Street and Nown, State)  SPARROW  (a) and manner d place, and du	PY OCCURED THE POLY OF THE POL	Approximata Interval Betw Onset and Do

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APR APRIL 3

BALTIMORE, MARYLAND 21215-0020

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funeral di	hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	item 28 is marked as Hem 23 shaws any Injury of other traumatic event the medical examines mu
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After	death	-
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DIREC	hours	ileam.

•	1 - STATE STATE OF MARY		MENT OF HEAL		RENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
ì	HELEN E. BREMKER			34	MONTH DAY	- SI	9:45 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. last birthday)		NDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign
	2/6-32-8746 1 M 2 F	87 YRS.	9b. CITY, TOWN OR LO		05/04/04	Sc. COUNTY OF	TARYLAND
DIRECTOR	ST JOSEPHS HOSPITAL				RYLAND		TIMORE
E I	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCATION				10d. INSIDE CITY
E	Maryland Baltimore		Parkville				LIMITS? 1 ☐ YES 2 ☑ NO
	10e. STREET AND NUMBER		101. ZIP (	CODE		10g. CITIZEN OF	WHAT COUNTRY?
ER	7813 Elmhurst Ave.		2	1234		U.S.	Α.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	S 2 V NO		Suban, Mexican	C ORIGIN? (Specify Yes or , Puerto Rican, etc.)	Bla	CE — American Indian, lek, White, atc.
	15. DECEDENT'S EDUCATION	144 DECEDENT'S	USUAL OCCUPATION	_	16b. KIND OF BUSIN	ICOC/INIDI ICTIIV	
COMPLETED	(Specify only highest grade completed)	(Give kind of w	ork done during most of w	rorlding	166. KIND OF BUSIN	IESS/INDUSTRY	
2	Elementary/Secondary (0-12) College (1-4 or 5+) 2 VY S	Seco	retary		Oil	Co.	
2	17. FATHER'S NAME (First, Middle, Last)	500		NOTHER'S NAM	AE (First, Middle, Malden Su		
	George C. Schlesinger		10.1	Wilhe			ach
BE	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Nu		oute Number, City or Town,		wo!!
2	Mr. W. McCarl Roberts				keysville,		30
	20s. METHOD OF DISPOSITION		OF DISPOSITION (Nam		DATE 20c. LOCA		
		of cemetary, comptony				ltimore	
-					Baltim		
- 1	Do Of blot be	2					-1
-	23. PART I. Enter the diseases, or complications that cause	od the death. Do n			ick ,Inc.		Approximata
	ahook, or heert feliure. List only ona cape on IMMEDIATE CAUSE (Final disease or condition resulting in death)	eech line.	eumank		a contract of reappre	nory under,	interval Between Onset and Death  Bucks
	DUE TO (OR AS	S A CONSEQUENCE OF	(1)00				0.
ON	Sequentielly list conditions, b.	A CONSEQUENCE OF	(01)				doyrs.
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF	<i>y</i> .				
임	CAUSE (Disease or injury C.	S A CONSEQUENCE OF	7:				
E	resulting in death) LAST						
S	d.						
AL	PART II. Other algnificent conditions contributing to death		n the underlying ceu	se given in i	Part I. 24a. WAS AN AI PERFORM	ED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDICA	Upper GI bleed,	ng			1 YES 2 [	NO	OF DEATH?
ME					_		1 YES 2 NO
ä							MA
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE	OF DEATH (Che	ock only one)		
YSI	1 YES 2 NO 1 Inpettent 2 ER/O		4 Nursing Home 5				
	27. MANNER OF DEATH  26e. DATE OF INJUR (Month, Day, Yea		URY WORK?		28d. DEŞCRIBE HOW INJ	JURY OCCURED	
B	2 Accident Investigation		M 1 TYES	2   NO			
9	3 Suicide 6 Could not be building, stc. (S	IRY — A1 home, farm, a pecify)	treet, factory, office		26f. LOCATION (Street and City or Town, State)	d Number or Run	al Route Number,
COMPLETED	29a. CERTIFIER	300.018					
AP.	(Check only						
8	2 MEDICAL EXAMINER: On the beels of examina	rtion and/or investigation	n, in my opinion, death	occured at the	Time, data and place, and	due to the caus	e(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	MI	290	LICENSE NUM	7+2	29d. DATE SIGN	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print) L	() 50	1	112	2.
	31. DATE FILEQ (Mogt). Pay. Mail a COA 3p. GEGISTBAR; S. SI	GNATURE	Suite 2	106	/anson	/VI)	21207
	MAY 3"0"1991 Julia Davido	ar-Hondon					

		1, 2, 3	
		After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the property of the prior to burial, cremation, or removal.	
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BALTIMORE, MARYLAND 21215-0020	INIS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending and account of the company of the	s the	nce.
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8	s after	by the	dical
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0,	vithin 2	After this certificate has been signed by the attending physician and completely filled in by the fu death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Ö	PHYS	r this c	arked,
MINISION OF VITAL RECORDS, P.O. BOX 68760,	×	R: Afte	E IS III
Ž	THE HOSPITAL OR ATT	DURE aft	PORTANT: If Item 28 Is m
	PITAL C	FUNERAL DIREC within 72 hours	T: If th
	E HOSI	E FUNE d within	RTAN
	HT CL	TO THE SIGN	IMPO

				OF DEATH	REG. N		3. TIME OF OEATH
KATHERINE	R		BRO	OOKS		6 1991	
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	8. Bit	TTHPLACE (State or Foreign
216-92-3319	1 🗆 M 2 💢 F	21 YRS.	MONTHS DA	AYS HOURS MIN.	03-06-7		MD
a. FACILITY NAME (If not institution, give a	street and number)		96. CITY, TO	WN OR LOCATION OF		Sc. COUNTY O	F DEATH
2300 E. BIDDL	E STREET		BALT	TMORE			
Da. STATE 10b. COUNT	Υ	10c, CI	TY, TOWN OR L	OCATION			10d. INSIDE CITY
MD		В	ALTIMO	ORF. CI	TY		LIMITS?
0e. STREET AND NUMBER			735 1 2113	101. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
2300 e. Bid	ldle St	reet		21213		US	A
1. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13. WAS	OECENDENT OF HISP	ANIC ORIGIN? (Specify ) can, Puerto Rican, atc.)	fes or No— 14. R	ACE — American Indian, lack, White, atc.
Never Married 2 Married  Wildowed 4 Divorced	IF YES, GIVE Y	YES 2/ NO		YES 2 NO Spe			BLACK
15. DECEDENT'S EDU		16a, OECEOENT	S HELIAL OCCU	IDATION!	Tel Mills OF I	USINESS/INDUSTR	
(Specify only highest grade	o completed)	(Give kind of	f work done durin	ng most of working	166. KIND OF B	USINESS/INDUSTR	
Elementary/Secondary (0-12)	College (1-4 or 5	FILE			SOCIA	LSECUR	ITY ADM.
7. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	NAME (First, Middle, Maid		
REUBEN E. BRO	OKS			CARO			
9a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (SI		al Route Number, City or 1		
CAROLYN YOUNG		2409	E. PF	RESTON S	T./BALTI	MORF. M	D. 21213
9a. METHOD OF DISPOSITION  Surfal 2 Cremation 3 Ren	normal from Cara-	20b. PLACE AND OA	TE OF DISPOSI	TION (Name	OATE 20c.	LOCATION — City o	r Town, State
Donation 5 Other (Specify)	MARI IOM STATE	BALL TIM	ORECCE	EMETERY	BAI	LTIMORE	, MD.
1. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAI	ME AND ADDRESS OF	FACILITY		144
MAN MI	(hear)		WM.	.C. MARC	H F.H. 1	101 F.	NORTH AVE
MMEDIATE CAUSE (Final disease or condition resulting in death)		OR AS A CONSEQUENCE					Onset and D
f any, leading to immediate couse. Enter UNDERLYING	c	(OR AS A CONSEQUENCE					
CAUSE (Disease or injury that initiated events resulting in death) LAST	d						
that initiated events	dna contributing to	deeth but not reaulting	g in the unde	rlying cause given			
that initiated events resulting in death) LAST	d contributing to	deeth but not resulting	g in the unde	rlying cause given	PERF	AN AUTOPSY ORMED?	MAILABLE PRIOR TO
PART II. Other significant conditions:  S. WAS CASE REFERRED TO MEDICAL		deeth but not resulting		rlying cause given	PERF 1 DOYES	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PART II. Other significant condition	HOSPITAL:	deeth but not resulting	OTHER:		PERF 1 YES Check only one)	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PART II. Other significant conditions:  S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inputent 2   28e. DATE Of	□ ER/Outpetient 3 □ DOA FINJURY □ 28b, T	OTHER: 4   Nursing	26. PLACE OF OEATH ( g Home 5 [X] Residence ic. INJURY AT	PERF 1 YES Check only one)	ORMED?  2 □ NO	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 New 2 1 No
PART II. Other significant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. YES 2 NO  17. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL:	□ ER/Outpatient 3 □ DOA FINJURY 28b. T ley, Year)	OTHER: 4   Nursing IME OF 28 NJURY	26. PLACE OF OEATH (	Check only one)  6 G Other (Specify)  26d. DE\$CRIBE HO	ORMED?  2 □ NO	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 HAVES 2 NO
PART II. Other significant condition  PART II. Other significant condi	HOSPITAL: 1   Inpatient 2   28a. DATE Of (Month, L) 0.5-2.6 28a. PLACE (	ER/Outpetient 3 DOA  FINJURY Jey, You')  ENJURY 1991 6: FINJURY — At home, farm	OTHER: 4   Nursing IME OF   28 NJURY   M   4	26. PLACE OF OEATH ( g Home 5 X Resident c. INJURY AT WORK? 1 YES 2 V NO	Check only one)  6 Other (Specify)  28d, DESCRIBE HOT  SUBJECT  28f, LOCATION (Stre	ORMED?  2 NO  N INJURY OCCURE  STRANGLI  et and Number or flu	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 HAVES 2 IN NO
PART II. Other significant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. YES 2 NO  17. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inpatient 2   28a. DATE Of (Month, L) 0.5-2.6 28a. PLACE (	ER/Outpetient 3 DOA FINJURY 28b. T lay, 16ar)1991 6:	OTHER: 4   Nursing IME OF   28 NJURY   M   4	26. PLACE OF OEATH ( g Home 5 X Resident c. INJURY AT WORK? 1 YES 2 V NO	Check only one)  6 Other (Specify)  28d. DESCRIBE HOL	ORMED?  2 NO  N INJURY OCCURE  STRANGLI  et and Number or Ru  te)	AMMUNICATION OF CAU OF DEATH?  1 HAVES 2 IN NO  ED vial Route Number,
PART II. Other significant condition  PART II. Other significant condi	HOSPITAL: 1   Inpatient 2   28e. DATE Of (Month, () 05-26 28e. PLACE of building.	ER/Outpetient 3 DOA  FINJURY Ley, Your) 1991 6: FINJURY — At home, farm etc. (Specify)	OTHER: 4   Nursing IME OF NURY 38   M 1, street, factory	26. PLACE OF OEATH  If Home 5 The Resident  IC. INJURY AT  WORK?  1 YES 2 NO  , office	Check only one)  6 G Other (Specify)  28d. DE\$CRIBE HOT  SUBJECT  28f. LOCATION (Streetly or Town, Str.)  2300 E . ]	N INJURY OCCURED  STRANGLI et and Number or Futel  BIDDLE S' nanner as stated.	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 AFES 2 NO  2 NO TO THE PRIOR TO TH
PART II. Other significant condition  PART II. Other significant condi	HOSPITAL:  1 Inpatient 2  28a. DATE Of (Month, I)  05-26  28a. PLACE (building)  SICIAN: To the best of a	ER/Outpatient 3 DOA  FINJURY  Pay, Your)  1991  FINJURY — At home, farm etc. (Specify)  HOME  I my knowledge, death occur	OTHER: 4   Nursing IME OF NURY 38   M 1, street, factory	26. PLACE OF OEATH  If Home 5 The Resident  IC. INJURY AT  WORK?  1 YES 2 NO  , office	Check only one)  • 6 Other (Specify)  28d. DE\$CRIBE HOT  28f. LOCATION (Sine City or Yown, Site  2300 E . ]	N INJURY OCCURED  STRANGLI et and Number or Rules  BIDDLE S' nanner as stated.	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 AFES 2 NO  2 NO TO THE PRIOR TO TH
PART II. Other significant condition  PART II. Other significant condi	HOSPITAL:  1 Inpatient 2  28a. DATE Of (Month, I)  05-26  28a. PLACE (building)  SICIAN: To the best of a	ER/Outpatient 3 DOA  FINJURY  Pay, Your)  1991  FINJURY — At home, farm etc. (Specify)  HOME  I my knowledge, death occur	OTHER: 4   Nursing IME OF NURY 38   M 1, street, factory	26. PLACE OF OEATH g g Home 5 Residence ic. INJURY AT WORK? 1 YES 2 NO , office  , date and place, and c plon, death occured at 1	Check only one)  • 6 Other (Specify)  28d. DE\$CRIBE HOT  28f. LOCATION (Sine City or Yown, Site  2300 E . ]	ORMED?  2 NO  N INJURY OCCURE  STRANGLI  et and Number or Rutte)  BIDDLE STRANGLI  and dua to the cau  29d. DATE SIG	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 Nees 2 No  2 No  2 No  2 No  2 No  3 No  4 No  5 No  6 No  6 No  6 No  7 No  8 No  8 No  8 No  8 No  1 No  8 No
PART II. Other significant condition  PART II. Other significant condi	HOSPITAL: 1   Inpatient 2   28a. DATE Of (Month, t) 0.5-26 28a. PLACE of building. SICIAN: To the best of a	ER/Outpetient 3 DOA  INJURY Joy, Your)  1991 6: 1991 6: HOME I my knowledge, death occur examination and/or investige	OTHER:  4   Nursing  ME OF NJURY  38 M  1, street, factory,  urred at the time  tition, in my opin	26. PLACE OF OEATH g Home 5 X Reeldend ic. INJURY AT WORK? 1 YES 2 NO , office  o, date and place, and office, death occured at 1  29c. LICENSE 1	Check only one)  • 6 Other (Specify)  28d. DE\$CRIBE HOT  28f. LOCATION (Sine City or Yown, Site  2300 E . ]	N INJURY OCCURED  STRANGLI of and Number or Rules  BIDDLE S' namer as stated. and due to the cau  29d. DATE SIG	COMPLETION OF CAU OF DEATH?  1 → YES 2 □ NO  ED real Route Number,  C .  See(a) and manner as state NED (Month, Day, Year)  5 — 1991

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	sarked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 . STATE	STATE OF MARYLA						1 14332			
	1. OECEDENT'S NAME (First, Middle, Last)  Stella	Brannan	CERTIF	ICATE	OF DEATH	2. DATE OF DEATH MONTH 29		3. TIME OF DEATH  2:40 A.M			
	4. SOCIAL SECURITY NUMBER 218-05-5098	5. SEX 6. AGE (In 1 M 2 1 F 88	yrs. last birthday) YRS.	IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	6. E	NATHPLACE (State or Foreign Country)  Md.			
ron	90. FACILITY NAME (II not institution, give stress of the second of the	*			town or Location of or Paltimore (i		9c. COUNTY	OF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT		imore (ity	1 IMITS?					
FUNERAL	310 South Drew S.	treet			101, ZIP CODE 2/224			of what country?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	1	NAS DECENDENT OF HISPAI 1 yes, specify Cuban, Maxica 1 YES 2 XNO Specif	in, Puerlo Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify: White			
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done o se retired.)	during most of working	Balto.		Electric			
BE COMPL	17. FATHER'S NAME (First, Middle, Lest)  John Zyglarski				200	ine Woytyn					
TO B	190. INFORMANT'S NAME (Typo/Print)  (harles E. Brann	an			S (Street and Number or Aural St Lahe Cato						
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	4.4 84.4	PLACE OF DISPO other place) Parkwoo		me of comotory, cromatory or retery		kville				
	21. SIGNATURE OF FUNERAL SERVICE LICE	D. Zel		22	name and address of for	Ler & Son	Inc. 6	224 astern Ave.			
	23. PART I. Enter the diseases, or cahock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused list only one cause on early one cause on ear	the death. Do on line.	not enter	the mode of dying, suc	ch as cardiac or reap					
ERTIFICATION	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Due To (OR AS A CONSEQUENCE OF):										
CERT	resulting in desth) LAST										
MEDICAL	PART II. Other algorificant condition	- 1		in the ur	noenying cause given in	ying cause given in Part I.  24s. WARS AN AUTOPSY PERFORMED?  1 YES 2 NO OF DEATH?  1 YES 2 PRO OF DEATH?					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ	26. PLACE DF DEATH (C	heck only one)					
PHYSICIAN:	1 TYES 2 TO NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)	28h Tr	4 🗆 Nu	rsing Home 5 Residence 28c. INJURY AT WORK?	6 Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCCUP	RED			
ВУ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	At home, farm,	M	1 TES 2 NO	261. LOCATION (Stree City or Town, State	26f. LOCATION (Street and Number or Rural Route Number,					
LETED	4 Homicide determined  29s. CERTIFIER	CIAN: To the best of my knowle		and at the	tion data and alone and de	us to the gaves/s) and m	anner en eleted				
COMPL	one) 2 MEDICAL EXAMINE				opinion, death occured at th	e time, data and place,	and due to the o	cause(s) and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	(VB	LLA	NK	D' 38	) (		1GNED (Month, Day, Year) 5 30 91			
-	9055 CHEV	COMPLETED CAUSE OF DE	RIVE !	A, Print)	101: 616	CO 201 5	ity,	MD. 21043			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE								

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п	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The Les requirement the destricted be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After the centificate has been some by the same physician and completely filled in by the	be filed within 72 hours after death with the Stars Deat, of Health and Mercal rigione prior to burial, cremation, or remove	IMPORTANT: If item 28 is marked, or item 23 shows any later, or other traumatic event, the medical
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	DR /	JIRE	OUIS	Ee
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\$ (NA 1) 31. DATE FILED (MONTH), Day, Your) MAY 3 0 1991

32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF 1	MARYLAND / DEPAR CERTIF	RTMENT OF			ENTAL HYGIEN		14533	
1	1. DECEDENT'S NAME (First, Middle, Last)  MAMIE	GROS	3.5				2. DATE OF DEATH DATE OF 23		ar 257 P' M	
	4. SOCIAL SECURITY NUMBER 218 -36-5761	5. SEX	6. AGE (In yrs. lest birthday) 72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 2	MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-19-18  8. BIRTHPLACE (State or Foreign Country) 44			
TOR	90. FACILITY NAME (If not institution, give s  Singi Hospita  RESIDENCE OF DECEDENT	street and number)		Ba /	OR LOCATIO	N OF DEA	тн	9c. COUNTY	OF DEATH	
DIRECTOR	10a. STATE 40b. COUNTY	Υ	10c. CT	alto	OR LOCATION  10d. INSIDE CITY LIMITS?  1 YES 2 \( \) NO					
FUNERAL	10e. STREET AND NUMBER 4604 Mai  11. MARITAL STATUS	ne H			01. ZIP CODE	12	07	4	of what country?	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED I YES 2 NO MAR OR DATES	if yes, t		, Mexican,	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No-   14.	RACE — American Indian, Black, White, etc. Specify: Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(Give kind of	S USUAL OCCUPAT work done during r use retired.)	TION nost of working	7	16b, KIND OF BUS	SINESS/INDUST	THY	
ш	17. FATHER'S NAME (First, Middle, Last) John Blackw	ieil_			16. MOTH	ER'S NAM	E (First, Middle, Melden	Surname)		
TO B	196. INFORMANT'S NAME (Type/Print)  That a Hall Balt A Balto, Hall 21215									
	20e_METHOD OF DISPOSITION 1\( \subseteq \text{Burlei} 2 \subseteq \text{Cremation 3 \subseteq \text{Rem}} \) 4 \subseteq \text{Donation 6 \subseteq \text{Other (Specify)}}		of derive they, cremating	or other place)	Ceryet	$\rightarrow$	52891 Be	CATION - CHY	or Towny State Ud	
	21. SIGNATURE OF FUNERAL SERVICE LIE	EOmo,	ne P	Mar	and addres ch F/H 00 Wab	West				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, above, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. A Carte Myo Castlia & Infaschian									
ERTIFICATION	disease or condition resulting in death)  A Cute Myo Cardial Infarction  Due to (or as a consequence of:)  Chyonic Obstructine Cury Cusers:  Due to (or as a consequence of):									
CERT	resulting in death) LAST	d								
: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Hypo para Thy modificant  1								24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	□ ER/Outpatient 3 □ DOA	OTHER:	PLACE OF DE		ck only one)  B □ Other (Specify)			
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE O	F INJURY 26b. Til	ME OF 28c. I	NJURY AT VORK? YES 2		28d. DESCRIBE HOW	INJURY OCCUR	ED	
	3 Suicide 6 Could not be determined	26a. PLACE building	OF INJURY — At home, ferm, j, etc. (Specify)	street, factory, of	lica		281. LOCATION (Street City or Town, State)	and Number or i	Rural Route Number,	
COMPLET	CONSTRUCTION OF THE CONSTR		of my knowledge, death occur examination and/or investigat						suse(s) and menner as stated.	
TO BE C	30. NAME AND ADDRESS OF PERSON WITH		House St	H	29c. LICE	NSE NUM	BER	29d. DATE SI	GNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WI	HOSP	USE OF DEATH (ITEM 27) (Typ	BACTI	MOR	E		7	/	

DALLIMONE, MANILAND	24 hours after death. Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detach- ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the fined within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

MAY 3 0 1991

	1 - FOR STATE REGISTRAR		STATE OF MA			MENT OF H			HYGIENE REG. NO.	14534	
	1. DECEDENT'S NAME (First,	9	Fred e.	AGE (In yrs. Ins		IF UNDER 1 YEAR	ARROLL)	2. DATE OF MONTH 5	-25-0	YEAR 3. TIME OF DEATH  5 3 0  BIFTHPLACE (State or Foreld	
	21403		1 M 2 🗆 F	77		ONTHS DAYS	HOURS MIN.	(Month, D	ay, Your)	Country) Md	gii
TO BE COMPLETED BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give street and number)  L.R.V.A.  RESIDENCE OF DECEDENT				BALTIMORE, MD						
	10a. STATE 10b. COUNTY				TIMOR		Υ		10d. INSIDE CITY LIMITS? 1 XXYES 2 \( \text{NO.}\) NO.	0	
	100. STREET AND NUMBER 5024 DENMORE AVE. APT-2B					10	USA				
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT/EYER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES ARMY			MED	13. WAS DEC	14. RACE — American Indian, Black, White, etc. Specify: BLACK	•				
		CEDENT'S EDUCA by highest grade of 0-12)		(Gi	CEDENT'S U tve kind of wo Do NOT use _ ABOF		ON ost of working	16b, Ki	NO OF BUSINESS/IND	DUSTRY	
							MAS	First, Middle, Meiden Surneme) MASON			
	19a. INFORMANT'S NAME (Type/Print)  LOLITA E. CARROLL  19b. MANLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  5024 DENMORE AVE./BALTIMORE, MD. 21215										
	20s. METHOD OF DISPOSITION  1 Surfact 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) GARRISON FOREST VET. CEM.  20b. PLACE OF DISPOSITION (Name of cometary, crematory or GARRISON FOREST VET. CEM.  20c. LOCATION - City or Town, State  0 WINGS MILLS, MD.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH F.H. 1101 E. NORTH A									VE.	
23. PART I. Enter the diseases, or complications that could the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								reet, Approximate			
		a a	Intra C	PR AS A CONSE	OUENCE OF)	Hemn	orhage	2	·	Onset and D	
ATION		tions,		R AS A CONSECUTE AS A CONSECUTE			northage	2		- 1	
ERTIFICATION	resulting in death)  Sequentially list condit If any, leading to imme	tions, solitate ring co	DUE TO (O		DUENCE OF)	:	orhage	9		- 1	
N: MEDICAL CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events	ations, billions, billions	DUE TO (O	R AS A CONSEC	DUENCE OF)	:		Part I. 2	4a. WAS AN AUTOPSY PERFORMED? YES 2 NO	- 1	DINGS )
AL	resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification.	tions, odiate iNG cury ST d	DUE TO (O	R AS A CONSEC	DUENCE OF)	the underlying	g cause given in	Part I. 2	PERFORMED?  YES 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?	DINGS )
PHYSICIAN: MEDICAL	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in death) LAS  PART II. Other significations of the cause of th	tions, ediate iNG c.	DUE TO (O	R AS A CONSEC	DUENCE OF)	28. F OTHER: 4 Nursing Hor OF 28c. IN	g cause given In	Part I. 2  theck only one)  6 □ Other 6	PERFORMED?  YES 2 NO	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1  YES 2 NO	DINGS )
BY PHYSICIAN: MEDICAL	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in death) LAS  PART II. Other significations of the cause of th	tions, delate in the conditions of the condition	DUE TO (O  DUE TO (O  DUE TO (O  CONTributing to de  HOSPITAL:    Impatient 2   1    Impatient 2   1    Res. DATE OF In (Month, Day,	R AS A CONSECTOR AS A	DUENCE OF)  DUENCE OF)  resulting in	28. F OTHER: 4 Nursing Hor OF 28c. IN	LACE OF DEATH (C) ne 5	Part I. 2  1  neck only one) 6  Other (i	PERFORMED?  YES 2 NO  Specify)  RIBE HOW INJURY OC	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1  YES 2 NO	DINGS )
BY PHYSICIAN: MEDICAL	resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injut that initiated events resulting in death) LAS  PART II. Other signification of the condition of	ent conditions  TO MEDICAL  Pending investigation  Could not be detarmined	DUE TO (OD	eath but not r  ER/Outpatient 3  NJURY — At hoc. (Specify)	DUENCE OF)	28. F OTHER: 4 Nursing Hor OF 28c. IN M 1 Treet, factory, office	LACE OF DEATH (C) ne 5   Rasidence JURY AT ORK? YES 2   NO	Part I. 2  heck only one)  6  Other (3  286, DESCI  287, LOCAT City or	PERFORMED?  YES 2 NO  Specify)  RIBE HOW INJURY OC  ION (Street and Number Town, State)	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1  YES 2 NO COURED	/ S Dings Disse
PHYSICIAN: MEDICAL	resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injut that initiated events resulting in death) LAS  PART II. Other signification of the condition of	Pending Investigation Could not be detarmined COICAL EXAMINER	DUE TO (O	R AS A CONSECTOR AS A	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DOA  28b. TiMe INJU DOB, farm, st	28. P OTHER: 4   Nursing Hor OF 28c. IN WY M 1   rest, factory, office d at the time, dat	LACE OF DEATH (C) ne 5   Rasidence JURY AT ORK? YES 2   NO	Part I. 2  11  12  12  12  13  14  15  16  17  17  18  19  19  10  10  10  10  10  10  10  10	PERFORMED?  YES 2 NO  Specify)  BBE HOW INJURY OC  ON (Street and Number Fown, State)	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1  YES 2 NO CCURED  OF OR Rural Route Number,	/ S Dings Disse

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	JIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	2

SUSHAMA N. SREEKUMAR, M.D.

32. REGISTRAR'S SIGNATURE ia Davidson-Randage

MAY 30 1991

	FOR 1 - STATE REGISTRAR	STATE OF !	MARYLAND /	DEPAF ERTIF					MENT	AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) VALERIE	JEAN	AN CHEST					2. DATE OF DEATH MAY 23			9 <b>5</b> T	1 11 .07	P	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthda		IF UNDE	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTN				NPLACE (State or Foreign	
	218-76-5127	1 □ M 2 💢 F	31	YRS.	MONTHS	DAYS	HOURS	MIN.		onth, Day, Year)	1959	Coun	arvland	
	9e. FACILITY NAME (If not institution, give street and number)				9b. CITY	r, TOWN (	OR LOCAT	ION OF OR					_	
R	Fort Meade Hospital				Fort Meade				Anne Arundal			runda1		
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY			100 013									10d. INSIDE CITY	_
E					10c. CITY, TOWN OR LOCATION								LIMITS?	
	Maryland Anne Arundal				Fort Meade					10a CIT			YES 2 NO	_
FUNERAL	7219 West Eubank Loop													
N N	11. MARITAL STATUS	MEO	20755				U.				A .	_		
	1 Never Merried 2 Merried	FORCES?	ORCES? 1 YES 2 NO H y			13. WAS DECENDENT OF NISPANIC ORIGING IN yea, specify Cuben, Mexicen, Puerto 1 YES 2 NO Specify:				e or No-	Blac	14. RACE — American Indian, Black, White, atc.		
B	3 Widowed 4 Olvorced	IF YES, GIVE							y:			Specify:BLACK		
	15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S	T'S USUAL OCCUPATION					18b. KIND OF BUSINESS/INDU			<u></u>	
Щ	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5	life		kind of work done during most of working o NOT use retired.)									
립	High School			H	lome:	make	er							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	TNER'S NA	ME (Firs	t, Middle, Malde	n Surname)			
BE C	Charles C. Pa:	rham			Otelia Hutchinson									
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADORES	S (Street a				ımber, City or To			20755	
2	Gregory Jay Chest 7219 West Eubank Loop Fort Meade, MD													
	20s. METHOD OF DISPOSITION  1 Cremetion 3 Removal Irom State  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  20c. LOCATION — City or Town, State													
	4 Donestion 5 Other (Specify) MD Veteran Cemetery/Garrison Owings Mills. MD													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, 2501 Gwynns Falls Parkway													
	Harber E hutter 2501 Gwynns Falls Parkway Baltimore, Maryland 21216													
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,  Approximate													
	shock, or heart failure. List only one cause on each line.  iMMEDIATE CAUSE (Final  Onset and Dec													
	disasse or condition													
	OUE TO (OR AS A CONSEQUENCE OF):													
z	PROBABLE CEREBROVASCULAR ACCIDENT, ?PULMONARY EMBOLISM										ISM			
유	Sequantially list conditions, If any, lasding to immediata  DUE TO (OR AS A CONSEQUENCE OF):													
S	cause. Enter UNDERLYING CAUSE (Disease or injury	RISI												
CERTIFICATION	that initiated events  OUE TO (OR AS A CONSEQUENCE OF):								i					
H	resulting in death) LAST  d. HYPOXEMIA, ANEMIA													
1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
2	PRODABLE HEMOLISIS										AVAILABLE PRIOR TO COMPLETION OF CAUSE			
요										1 (20			OF DEATH?	
2	1 □ YES 2 □ NO													
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
Sic	EXAMINER?													
¥	27. MANNER OF DEATH	28e. OATE OF INJURY 28b. TII				ME OF 28c. INJURY AT 2				28d. OEȘCRIBE HOW INJURY OCCUREO				_
ВУР	142 Natural 5 Pending					M 1 YES 2 NO								
	2 Accident Investigation 3 Suicide 8 Could not be building, etc. (Specify)					, etreet, lectory, office 281. LC				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	4 Nomicide determined													
7	29e. CERTIFIER (Check aniv.   CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se stated.													
MC	(Check only one)  2 MEDICAL EXAMINER: On the beet of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner ee stated.													
	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIG	CENSE NU	MBER		29d. OA	TE SIGNE	D (Month, Day, Year)	_
B	24010000	W. 8	200 1	1111	01			512					3, 1991	
유	30 NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAL	ISE OF DEATH (ITE	M 27 (Tm	Print)									_

KIMBROUGH ARMY COMMUNITY HOSP, FT. MEADE,

1 2 21 2000

YEAR

991

9c. COUNTY OF DEATH

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

Specify:

S.

26

1906

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MAE **ESTHER** COE May 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 1 🗌 M 2 😡 F 219-12-5299 May Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR St. Michaels Nursing Villa Hm RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Catonsville FUNERAL 10a. STREET AND NUMBER 21228 67 Winters Lane 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIYE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BALTIMORE, MARYLAND 21215-002 Land the control of t BY 3 Widowed 4 Divorced use as 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondery (0-12) è College (1-4 or 5+) College Payroll Clerk funeral director, page 5 should be detached GSA Administration 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) 75 Livous Alexander Coe Annie Boston BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rita Crooms 20s. METHOD OF DISPOSITION

1 Source 2 Commented 3 Rem Yosemite Baltimore, MD pe 20b, PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE must Star Cemetery 5/31 Baltimore County, MD examiner 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2501 Gwynns Falls Parkway
Baltimore, Maryland 2121
fors that coused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest,
on couse on each line. in by the fi medical complica ahock, or heert failure. List only 6 filled IMMEDIATE CAUSE /Finel completely filled rial, cremation, ( the disease or condition CHF resulting in death) HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician and con Health and Mental Hygiene prior to burial, merchy Cardic traumatic CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other 1 OUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST 6 injury. PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL shows any 1 TES 2 NO t, of h has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate hadeath with the State Dimerked, or item HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 284, DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending Investigation 1 YES 2 NO BY After t 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street end Number or Bural Route Number, City or Town, State) 3 Suicide 60 6 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide 28 ET item 29e. CERTIFIER

(Chack and)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. COMPL TO THE HOSPITAL TO THE FUNERAL ID be filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 띪 03757 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

Sibell

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ave.

Heights

Pork

7220

32. REGISTRAR'S SIGNATURE

8. BIRTHPLACE (State or Foreign Country)

Maryland

14. RACE — American Indien, Black, White, etc.

3. TIME OF DEATH

10d. INSIDE CITY 1 XYES 2 NO

Black

Approximate

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

80515

MD

Baltimore

**Onset and Desth** 

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the requires that the death certificate be executed within 24 nours after death.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be central time as the burial-transit permit. Pages 1 with the State Dear of Haalth and Marital Hodiere prior to burial, cremation, or removal	
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G PHY	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function of sharp and Marital Hodiere prior to burial, cremation, or removal	AMAI: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ENDIN	R: After	I S I
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HOSP	FUNE	ANT

BALTIMORE, MARYLAND ATTI -0020 ter teeth. Page 6 may be retained by the comment of the physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2. DATE OF DEATH
MONTH
MONTH
2 3. TIME OF DEATH 1/30 ELINOR MARIE CONZEMAN 28 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 217-24-6305 JULY 24, 1927 mARICAND DAYS HOURS 63 1 - M 2 F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH JOSEPH'S HOSPITAL BALTIMORE DIRECTOR TOWSON 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BATIMORE TOWION 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? DELLSWAY ROAD 21204 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY WHITE 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.)

SECRETARY 15. DECEDENT'S EDUCATION (Specify only highest grade comple LUTHERAN HIGH SCHOOL Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnam ANNETTA LOUISE NEI DHARDT CARL HENRY KRUELLE BE 19a INFORMANT'S NAME (TypaPrint)
GEORGE H. CUNZEMAN SE 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1504 DELLSWAY RO TOWSON, MD 21204 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State 1 Burlal 2 Cremation 3 Re of complan, cropatory or other place)
ST. JOHNS LOTT. CHURCH CEM 41/91 LONG GREEN, MO 22. NAME AND ADDRESS OF EXCILITY ERM HOME BEZI LOCK RAVEN BUTO BALTO, MD. 21204 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART 1/2. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. itervai Betwe IMMEDIATE CAUSE (Final Onset and Death disesse or condition Gradismysrable resulting in desth) NO Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATI CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TES 2 NO g Home 6 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CENTURER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE D18585 29 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. CHARLES HATTON 7600 OSLER OR TOWEN, MD ZIZOY Juna Davidson-Rande

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IMPORTANT: If Item

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FOR STATE

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.				
1. DECEDENT'S NAME (First, Middle, La	JAMES P. CARN	NES, SR.		2. DATE OF DEATH MONTH DV	NY YEAF	3. TIME OF OEATH 7:00 P.M.		
4. SOCIAL SECURITY NUMBER 218-26-5499	5. SEX 6. AC		IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 12 28 2	8. Bir	RTHPLACE (State or Foreign untry) MARY LAND		
9a. FACILITY NAME (If not institution, gh	e atreet and number)		b. CITY, TOWN OR LOCATION OF D		9c. COUNTY O			
1522 COX STREET BALTIMORE								
10s. STATE 10b. COU	NTY	10c. CITY,	TOWN OR LOCATION			10d, INSIDE CITY		
MARYLAND			BALTIMORE 101, ZIP CODE			LIMITS?		
1522 COX ST	1522 COX STREET					JSA		
11. MARITAL STATUS  1  Never Married 2 Married  3  Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 TY IF YES, GIVE WARDON	ES 2 NO	2 NO If yes, specify Cuben, Mexican, F TES 1 YES 2 NO Specify:		В	ACE — American Indian, lack, White, etc. pec//y: WHITE		
15. DECEOENT'S E		16a. DECEDENT'S U	SUAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTR	Υ		
(Specify only highest grade completed) (GA iffo. Secondary (0-12) College (1-4 or 6+) 9TH			3Ne kind of work done during most of working 3. Do NOT use retired.)  TRAFFIC DEPT.		RLY PRES	35		
17. FATHER'S NAME (First, Middle, Last)		1101		AME (First, Middle, Maiden		00		
MARTIN CARNES	3			SIE TASE				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Rura	Route Number, City or Tow	m, State, Zip Code;	)		
JAMES CARNES, J	R.	565	SUDBROOK LANE	. PIKESVILI	E. MD.	21208		
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (Name	DATE 20c. LO				
1 Buriel 2 Cremation 3 A 8	emoval from State	of cemetary, crematory of		5/31/01 M	TARRIOTT	SVILLE MD.		
4 Donation 6 Other (Specify) CREST LAWN GARDENS 5/31/91 MARRIOTTSVILLE, MD.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE								
· 6 60	in Seits	Oz	A. ALAN SET					
IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
	_ d							
CARCIMMA OF THE LUNG PERFORMED?  1 YES 2 NO OF						24b. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	Check only one)				
1   YES 2   100	1   Inpetient 2   ER/		OTHER: 4   Nursing Home   6   Residence	6 C Other (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJU (Month, Day, Ya	OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D			
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined  28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street						irel Route Number,		
CONSCR GINY			f at the time, data and place, and do			rse(s) and manner as stated.		
296. SIGNATURE AND TITLE OF CERT		all mo	29c. LICENSE N		29d. DATE SIG	NED (Month, Day, Year)		
30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type,	Print)					
Dr. Menendez	0 32. REGISTRAR'S	SIGNATURE	altimore, Md. 2	21204				
MAY 30 1991	Julia Davidson	Rande 12						

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ND 2121	hospital or atte	ached for use a	ce.
BALTIMORE, MARYLAND 21215-0020	retained by the	5 should be det	notified at on
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BALT	rs after death.	n by the funera removal.	edicai examir
,09	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft permit age. be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	cate be execute	hysician and co	er traumatic
DS, P.O.	the death certifi	the attending p	njury, or oth
RECORI	requires that t	been signed by	shows any I
F VITAL	SICIAN: The law	certificate has	, or Item 23
SION O	TENDING PHYS	OR: After this fee death with	8 is marked
DIVI	SPITAL OR AT	NERAL DIRECT hin 72 hours a	NT: if item 2
	TO THE HO	TO THE FU	IMPORTA

JOHN M. CORDWELL MAY 20, 1991  4. SOCIAL SECURITY NUMBER  214-12-8316  1	aryland eath rundel  10d. INSIDE CITY LIMITS? X 1  YES 2 NO						
4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)  7 YRS.  6. AGE (In yrs. lest birthday)  8. BIRTHE  214-12-8316  1	IPLACE (State or Foreign y) aryland EATN rundel  10d. INSIDE CITY LIMITS? X 1  YES 2 NO WHAT COUNTRY? d States E—American Indian, k, Whita, etc.						
214-12-8316    Marial States   Specify only highest grade completed)   Specify only hi	aryland EATN rundel  10d. INSIDE CITY LIMITS? Y, 1						
Se. FACILITY NAME (if not institution, give street and number)  North Arundel General Hospital Glen Burnie  RESIDENCE OF DECEDENT  10e. STATE 10e. COUNTY Maryland Anne Arundel Glen Burnie  10e. STATE 10e. COUNTY Maryland Anne Arundel Glen Burnie  10e. STREET AND NUMBER 7624 Beaver Road  11. MARITAL STATUS 10. STREET AND NUMBER 760CES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WILL I YES 2 NO Specify Cuben, Maxican, Puerto Rican, etc.)  11. MARITAL STATUS 10. SPECIFY Cuben, Maxican, Puerto Rican, etc.)  12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF INSPANIC ORIGIN? (Specify Yes or No- Id. Black, Specify Cuben, Maxican, Puerto Rican, etc.)  15. DECEDENT'S EDUCATION (Glee kind of work done during most of working life. Do NOT use reided.)  15. DECEDENT'S EDUCATION (Glee kind of work done during most of working life. Do NOT use reided.)  16. KIND OF BUSINESS/INDUSTRY (Glee kind of work done during most of working life. Do NOT use reided.)  17. FATHER'S NAME (First, Middle, Lest)  Arthur Cordwell Margaret Journame)  18. MOTHER'S NAME (First, Middle, Maiden Surmame)  Arthur Cordwell Margaret Journame (In Margaret Street and Number or Fural Poute Number, City or Fown, State, Zip Code)	Tundel  10d. INSIDE CITY LIMITS? Y 1 YES 2 NO WHAT COUNTRY? d States  E—American Indian, K, Whita, etc.						
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Anne Arundel  10c. CITY, TOWN OR LOCATION  Glen Burnie  10b. STREET AND NUMBER  7624 Beaver Road  11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 No If Yes, GIVE WAR OR DATES  WW II  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  16. DECEDENT'S EDUCATION  (Specify only highest grade completed)  16. DECEDENT'S USUAL OCCUPATION  (Gle kind of work done during most of working life. Do NOT use retired.)  17. FATHER'S NAME (First, Middle, Lest)  Arthur  Cordwell  18. MOTHER'S NAME (First, Middle, Maiden Surneme)  Margaret  19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, Stete, Zip Code)	10d. INSIDE CITY LIMITS? Y 1 YES 2 NO WHAT COUNTRY? d States E—American Indian, K, Whita, etc.						
3 Wildowed 4 Divorced    WW III   168. DECEDENT'S EDUCATION (Specify only highest grade completed)   169. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use relied.)   160. KIND OF BUSINESS/INDUSTRY   160. KIND OF BUSINESS/	LIMITS? X 1 YES 2 NO WHAT COUNTRY? d States E—American Indian, K, Whita, etc.						
3 Wildowed 4 Divorced    WW III   168. DECEDENT'S EDUCATION (Specify only highest grade completed)   169. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use relied.)   160. KIND OF BUSINESS/INDUSTRY   160. KIND OF BUSINESS/	d States  E - American Indian, k, White, etc.						
3 Wildowed 4 Divorced    WW II   Specify   WW II	k, White, etc.						
198. INFORMANT'S NAME (Type/Print) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)	100						
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)							
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)	ant/A.A.Co						
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)							
198. INFORMANT S NAME (hyperfink) [ 198. MAILING ADDRESS (Street and Number of Flural House Number, City of Jown, State, Zip Code)	ones						
Landana ut conducti liona penter gode ofth purite, in	d. 21060						
20s. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name DATE Of commetary, crematory or of exportation 2  Name DATE Of commetary, crematory or of exportation 2 \text{ Name DATE Of commetary, crematory or of exportation 2 \text{ Name DATE OF DISPOSITION (Name DATE OF DA							
4 Donetton & Other (Specify) Metro. Crematory 5/24/01 Baltimore, 21. SIGNATURE OF FUNERAL SERVICE LIBERT PROPERTY 22. NAME AND ADDRESS OF FACILITY							
Mc Cully Funeral Home of Pa 3204 Mountain Rd. Pasadena							
ahock, or heart fallure, Jist only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition a. Colonia Manager Col	Interval Between Onset and Death						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	immed of year						
	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
	1 TYES 2 NO						
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  DESCRIPTION OF DEATH (Check only one)							
OTHER:  1 YES 2 NO 1 Minpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATN (Check only one)  27. MANNER OF DEATN 1 Netural 8 Pending Investigation  28. PLACE OF DEATN (Check only one)  29. PLACE OF DEATN (Check only one)  29. PLACE OF DEATN (Check only one)  20. PLACE OF DEATN (Check only one)  20. PLACE OF DEATN (Check only one)  20. PLACE OF DEATN (Check only one)  27. MANNER OF DEATN  28. PLACE OF DEATN (Check only one)  28. PLACE OF DEATN (Check only one)  28. PLACE OF DEATN (Check only one)							
2 Accident investigation 2 Sa. PLACE OF INJURY — At home farm street factory office. 284 I OCATION (Street and Number or Burel B	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
Specify  3 Suicide 4 Nomicide 5 Could not be detarmined  6 Could not be detarmined  City or Town, State)	a) and manner as stated.						
29c. LICENSE NUMBER 29d. DATE SIGNED	) (Mjbnth, Day, Year)						
296. SIGNATURE AND TITKE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. J 9							
	<i>i i</i>						
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1061						

DHMH-16 Rev 1/89

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.							
	1. DECEDENT'S NAME (FIRE, MIGGIO, MOT)	COHE	N	2. DATE OF DEATH	3. TIME OF DUATH			
3	178-40-8419   S. SEX   6. AG	96 YRS. MONTH	DER 1 YEAR F UNDER 24 HRS.  B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yber) June 10	8. BIRTHPLACE (State or Foreign Country) 1894 Lithuania			
R	98. FACILITY NAME (If not institution, give street end number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF OEA  Hebrew Home of Greater Washington Rockville							
CTC	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	7	N OR LOCATION		THE PROPERTY			
DIRECTOR	Maryland Montgomery		kville		10d. INSIDE CITY LIMITS?  1 X YES 2 NO			
	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	6121 Montrose Rd.,		20852		United States			
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  XXWidowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	SXX NO	3. WAS DECENDENT OF HISPAN I1 yes, specify Cuban, Mexica 1 YES 2XXXV Specify	n, Puerto Rican, etc.)	or No—  14. RACE — American Indian, Black, White, etc.  Specify:  Caucasian			
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL (Give kind of work do	ne during most of working	16b. KIND OF BUS	INESS/INDUSTRY			
COMPLET	Elementary/Secondery (0-12) College (1-4 or 5+)	Homemake		Home				
MOC	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Meiden S	Surneme)			
BE (	acob Frahm	The same and the	Leah U					
2	19e. INFORMANT'S NAME (Type/Print)  Lerbert Stone		ess (Street and Number or Aural in a dv Oak T.a		a, State, Zip Code)			
	20e. METHOD OF DISPOSITION		(Name of cemetery, crematory or		CATION — City or Town, Stata			
	4 Donation 6 Other (Specify)	South Hill	Hebrew Cem		ork, Pa.			
	21. SIGNATURE OF TUNERAL SERVICE LACENSEE			earson Fu	neral Homes Va. 22046			
	23. PART I/ inter the diseases, or complications that cause on immediate CAUSE (Final disease or condition resulting in death)	sed the deeth. Do not en n each line.	ter the mode of dying, auc	h ea cardlec or reapli	Approximate Interval Between Onset and Deeth			
z	- PR	ESSURF	4/08	ERS				
ATIO	Sequentielly list conditions, if any, leading to immediate couse. Enter UNDERLYING	S A CONSEQUENCE OF):	ARCT	SME	1-1			
CERTIFICATION	CAUSE (Disease or injury	S A CONSEQUENCE OF):	/TINC!	SEML	W 117			
-	PART II. Other algnificant conditions contributing to deet	h but not resulting in the	underlying ceuse given in					
MEDICA				PERFOR	COMPLETION OF CAUSE OF DEATH?			
				-	1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	QTV	26. PLACE OF DEATH (Ch	eck only one)				
IVSI	1 ☐ YES 2 NO 1 ☐ Inpetient 2 ☐ ER/C 27. MANNER OF DEATH 286. DATE OF INJUI	Dulpatient 3 DOA 4	Vureing Home 5 ☐ Residence	6 Other (Specify) 28d. OESCRIBE HOW II	N HIGH OCCUPED			
ВУ Р	1 Neturel 6 Pending (Month, Day, Yea	ir) injury	WORK? 1 YES 2 NO	200. VESCRIBE NOW II	NSURT OCCURED			
ETED	3 Suicide 8 Could not be delermined 28e. PLACE OF INJI building, etc. (5	JRY — Al home, farm, atreet, specify)	factory, office	281. LOCATION (Street e City or Town, State)	and Number or Rural Route Number,			
COMPLI	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of examination of examination of the basic of examination of							
BE	296. BIGHATURE AND TITLE OF CERTIFIER  STAFF	PHYSICIA	29c. LICENSE NUI	MBER -084	29d. DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF		SE RO. R	OCKVILL	EMD 20853			
	31. OATE FILED (Month, Day, Year)  32. REGISTRAR'S S  MAY 3 0 1991  4. Jeystrary	IGNATURE Rendalika						

31. DATE FILEO (Month, Day, Year)
MAY 3 0 1991

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attraction and the attending physician and completely filed in by the funeral director, page 5 should be detached for use the certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use the certificate has been and detached for use the certification or removal.
be little within 12 from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPART			MENTAL HYGIEI	NE	14541
-	1. DECEDENT'S NAME (First, Middle, Last) DAISY LEE	(DAISEY L DOWING	EE DOW			2. DATÉ OF DEATH MONTH	7	3. TIME OF DEATH  5:00 A
DIRECTOR	4. social security number 243 - 50 - 6405	1□M2□XF 58	YRS.	IF UNDER 1 YEAR RONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-08-3	2	BIRTHPLACE (State or Foreign Country)  N.C.
	96. FACILITY NAME (If not institution, give so THE JOHNS HOPKINS RESIDENCE OF DECEDENT			BALTIM	ORE	EATH	BALTI	OF DEATH  MORE CITY
L DIRE	10a. STATE 10b. COUNTY				TIMORE, CITY			10d. INSIDE CITY LIMITS?  1)\(\(\)\(\)\(\)\(\)\(\)YES 2 \(\) NO
FUNERAL	4824 TRUESDA	ALE AVENUE		101	21206			JSA
BY	11. MARITAL STATUS 1 Never Married 2/ Married 3 Divorced	FORCES? 1 YES 2 NO If yes,			s, specify Cuban, Mexicen, Puerto Rican, etc.) Blac			RACE — American Indian, Black, White, etc. Specify B L A C K
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12) 8 t h	completed) College (1-4 or 5+)	(Give kind of we life. Do NOT use	ork done during mo retired.)	ON at of working	16b. KIND OF B	USINESS/INDUST	
BE COM	17. FATHER'S NAME (First, Middle, Lest) GEORGE LEE BAGLEY  18. MOTHER'S NAME (First, Middle, Meiden Surneme) IDA							
10	196. INFORMANT'S NAME (Types/Print)  CELESTINE KEITH  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  5718 E. BERRY AVE./BALTIMORE, MD. 21206							
	20s, METHOD OF DISPOSITION 1 ② Burlel 2 □ Cremetton 3 □ Rem 4 □ Donetton 5 □ Other (Specify)	20b. P	LACE AND DATE	OF OISPOSITION	(Name	DATE 20c. L	OCATION — CHY	or Town, Slate
12.00	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AI	ND ADDRESS OF FA	CILITY		NORTH AVE
	23. PART I. Enter the diseases, prospective.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on each	n iine.	ot enter the mo	de of dying, aud	ch as cardiec or ree	piratory arrest	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO			i.dosi nfare	tien.		Ce hr.
MEDICAL CE	PART II. Other eignificent condition	a contributing to deeth but	not resulting in	the underlyin	g cause given in	Part I. 24a. WAS A PERF(	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26 0	LACE OF DEATH (C	heat anti anni		
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	The second	8 Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED		ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st			281. LOCATION (Stree City or Town, State		Rural Route Number,
COMPLETED	one)	ICIAN: To the best of my knowled						ause(e) and manner se stated.
BE	290. SIGNATURE AND TITLE OF CERTIFIE	bite	- m	D.	29c. LICENSE NU AJ414	MBER 73575H2		1GNED (Month, Day, Year) 5/26/9/
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type,	Print)		. /	1100	

DIVISION OF VITAL RECORDS

r death. Page 6 may be retained by the hospital or attendi	e funeral director, page 5 should be detached for use as tal-	examiner must be notified at once.
ment women be executed within 24 hours after	and the man and completely filled in by the man in the man to burial, cremation, or remove	ury, or other insumatic event, the medical examiner must be notified at
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the learn arguines that the loopital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the training and completely filled in by the funeral director, page 5 should be detached for use as the handle and within 72 hours after death with the State Dent of Health and Mental Andreas A	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN	E	11016	
	1. OECEDENT'S NAME (First, Middle, La Bennie E. Di					2. DATE OF DEATH DO DO DO	1991 YEA	3. TIME OF DEATH 11:15 A. M	
	4. SOCIAL SECURITY NUMBER 218-03-5737	1 M 2 □ F 76	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 2/22/15	BIRTHPLACE (State or Foreign Country)     Maryland		
TOR	90, FACILITY NAME (If not institution, gi 8217 Oakleigh F	Rd.			imore	EATH	9c. COUNTY O Balt	imore	
JIRECT	RESIDENCE OF DECEDENT 100. STATE 10b. COU Maryland Ba		TOWN OR LOCAT	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?  1 YES 2 X NO		
FUNERAL DIRECTOR	104. STREET AND NUMBER	STREET AND NUMBER 217 Oakleigh Road.			101. ZIP CODE 21234			DF WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1. MARITAL STATUS  □ Never Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 YES 2 □ NO  IF YES GIVE WAR OR DATES						NACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S I (Specify only highest g	DUCATION	ATION 18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			166, KIND OF BU		TY .	
COMP	12 yrs.  17. FATHER'S NAME (First, Middle, Last)  Epifano DiDona				35.33	ME (First, Middle, Maiden	s Compa	пу	
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (S				Sarah Viola  ESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  Cleigh Rd. Baltimore, Md. 21234				
The state of the	20s, METHOD OF DISPOSITION  1					DATE 20c. LOCATION — City or Town, State  6/1 Baltimore, Md.			
	22. NAME AND ADDRESS OF FACILITY  8521 Loch Raven Blvd. Towson, Md. 21204  Johnson Funeral Home								
MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b DUE TO (OR AS A	CONSEQUENCE OF)		proma				
	PART II. Other algnificant condi	tions contributing to death b	out not resulting in	the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMRIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1   Inpetient 2   ER/Outs		OTHER: 4 - Nursing Hor	LACE OF DEATH (Ch	8 Other (Specify)	IN HIRW COCHE		
ВХ	1 Natural 5 Pending 2 Accident Investigat 3 Suicide 8 Could not 4 Homicide determine	(Month, Dey, Year)  28e. PLACE OF INJURY building, stc. (Spe	— At home, farm, st	M 1	YES 2 NO	NO  28d. DESCRIBE HOW INJURY OCCURED  NO  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only	HYSICIAN: To the best of my know						use(e) and manner se stated.	
TO BE C	29b. SIGNARDAE AND TITLE OF CENT	evay			29c. LICENSE NU	MBER 17	29d. DATE SIG	SNED (Month, Day, Year)	
	Dr. Stephen Se		Loch Rave						
	31. DATE FILED (MONIT, Day, Year) MAY 3 0 1991	Juna Davidson-1	fandelle.						

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF CEATH May 30, ESTELLA MYRTLE DAHLE 1991 4:00 A.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 F YRS. 95 Maryland 214-74-3913 06-16-1895 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Northern Phwy DIRECTOR Baltimore City 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland City Baltimore 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3124 E. Northern Pkwy. U.S.A. page 5 should be detached for use as the burial-transit 21214 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, While, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Married Specify: BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 6 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Mickelle Maiden Surname) notified at Benjamin Heraet Elizabeth Fair 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4305 Seidel Ave., Ruth D. Hays Baltimore. MD. pe 20s. METHOD OF DISPOSITION
1 [v] Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE must director, Parkwood Cemetery Baltimore 6-3 MD. examiner VERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY the funeral ROBERT C. ALTENBURG FUNERAL HOME, INC. 23. First Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert deliure. List only one cause on each line. filled in by the fi medical **Approximate** Interval Between IMMEDIATE CAUSE (Final the attending physician and completely fille I Mental Hyglene prior to burial, cremation, njury, or other traumatic event, the COLOMANY + MyocarRial In miffici disease or condition reaulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST e has been signed by the attente bept. of Health and Mental Pm 23 shows any Injury, o PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?/ WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO certificate ha 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: ent 2 ER/Outpatient 3 DOA 6 Other (Specify) 4 Nurs 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED After this ce leath with the marked, 1 Natural 5 Pending 1 YES 2 NO BY After t death 2 Accident TO THE HOSPITAL DR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If Item 28 is m 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of as nd/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE D074 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAY 3 0 1991

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND I	MENTAL HYGIENI REG. NO.	E		
ì	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	V VE	3. T	IME OF DEATH
ľ	Bessie C	ropper	Davis			5 28		151	:00 AM
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (II		IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLAC	CE (State or Foreign
1		□ M 2 □X 93	YRS.			06 29 189		laryl	
_	9a. FACILITY NAME (# not institution, give street				WN OR LOCATION OF DE	ATH	9c. COUNTY		
6	Berlin Nursing Ho	ome		Berlin	<u> </u>		WOI	rcest	er
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR L	OCATION			10d	. INSIDE CITY LIMITS?
片	Md Worces	ter	Bei	rlin				1 🖟	XYES 2 NO
A	10a. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN		COUNTRY?
FUNERAL	4 West Street				21811		USA		
5	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 NO		DECENDENT OF HISPAN s, specify Cuban, Maxica	NC ORIGIN? (Specify Yea in, Puerto Rican, etc.)	or No— 14.	RACE - A Black, Wh	American Indian, lita, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES ^	1 🗆	YES 2 XNO Specifi	y:		Specify:	White
	15. DECEDENT'S EDUCAT	ION	18a. DECEDENT'S L	ISUAL OCCU	PATION	16b. KIND OF BUS	INESS/INDUST	RY	
E	(Specify only highest grade cor Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	life. Do NOT use	retired.)	g most of working				
AP			House	wite		Homem	aker		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Sewell	Cropper			18. MOTHER'S NA	ME (First, Middle, Maiden		owns	ond
BE		Сторрег							ena
2	190. INFORMANT'S NAME (Typo/Print) Dorothy Matthew	S	317 N	. Mai	n St. E	Berlin, MD	n, State, Zip Coo	B11	
	29e. METHOD OF DISPOSITION  1 Burlal 2 Cremellon 3 Remove 4 Donalion 5 Other (Specify)	20b.	PLACE OF DISPOSI	TION (Name	of cemetery, cremetory or	chyard 20c. LO	CATION — City	or Town, f	State
	21. SIGNATURE OF FEMERAL SERVICE LICEN		'Garde	n of	odist Chur Viemory ME AND ADDRESS OF FA	Cityar N	ewark.		
	H. Kein L	Bulan -				INERAL HO	10/01		lliams St. n, MD
	23. PART I. Enter the diseases, or con	nplicationa Mg/ caused	the death. Do no	ot enter the	mode of dying, auc	h as cardlec or respi	ratory arrest	,	Approximate
	ahock, or heart failure. Lis iMMEDIATE CAUSE (Finel			2				į	Interval Between Onset and Death
1	disease or condition resulting in deeth)	CVL	•					65.	
- 1	.00	A	CONSEQUENCE OF						
Z	Sequentially list conditions, b. Martenilo, Clercoss								
ATI	If any, leeding to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	);					
E	resulting in death) LAST								1
	PART II. Other aignificant conditions	contributing to death b	ut not requiting is	the unde	riving cause given in	Part I. 24s, WAS AN	AUTOPSY	24b WE	RE AUTOPSY FINOINGS
PHYSICIAN: MEDICAL			at not roouting it	, the diago	nying codes given in	PERFOR	RMED?	AWA	MABLE PRIOR TO
						1 TYES 2	. □ NO		DEATH?
Σ						_		'' ا	123 2 110
¥	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C)	heck only one)			
Sic		IOSPITAL:	etient 3 DOA	OTHER:	Home 8 - Residence	8 Other (Specify)			
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28	c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCUR	ED	
BY	1 X Natural 5 Pending 2 Accident Investigation	100001111111111111111111111111111111111	920		YES 2 NO				
	3 Suicide a Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treet, lactory	, office	28f. LOCATION (Street : City or Town, State)		Rural Route	Number,
COMPLETED	4 Homicide determined								
1	29a. CERTIFIER (Check only one)  1								
Š	2 MEDICAL EXAMINER:	On the basis of examination	n and/or investigation	n, in my opin	ion, death occured et the	ilme, deta and place, ar	nd due to the co	euse(a) en	d manner as stated.
BE (	296. SIGNATURE AND TITLE OF CERTIFIER	my	-		29c. LICENSE NU	MBER			onth, Day, Year)
2	20 NAME AND ADDRESS OF PERSON	COMPLETE CALCA	ATLI STEEL OF T	Dul-s'	D02	026	5/2	8/9	1
	30. NAME AND ADDRESS OF PERSON WHO				DAN DESS			٥.	0.1.1
	FEDERICO G. ART 31. DATE FILED (Month, Day, Year)	HES, MD		A OC	EAN PINE	S, BERLIN	, MD	21	811
	MAY 3.0.1001	Al. Kin.	0						
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BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

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30,	within	pletely
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	) THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 T	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler if filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,
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91 14545 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -**CERTIFICATE OF DEATH** 2. DATE OF DEATH
MONTH
25 1. DECEDENT'S NAME (First, Middle, Last 3. TIME OF DEATH MARY **DURHAM** 91 0:25 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 X F 79 216-07-5312 YRS. 8-21-11 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY MARYLAND A. A. CO. ARNOLD MD. 1 TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? CHESAPEAKE MANOR USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. ORCES? 1 YES 2 YES, GIVE WAR OR DATES If yes, specify Cuben, Maxican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2 Married Specify: WHITE BY 3X Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp 8 YEARS College (1-4 or 5+) HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Majden Surname) MICHAEL KRYGER MARYANNA KOSZYNSKI BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. JOHN BAXIVONUS HARVEY LANE WHITMAN MA. 02382 20e. METHOD OF DISPOSITION
1X Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE SACRED HEART OF **JESUS** 5-30 BALTO. CO. 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY
KACZOROWSKI FUNERAL HOME 2525 FLEET ST. BALTO. MD 21. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such sa cardisc or respiratory street, shock, or heart fallure. List only one cause on each line. Approximate erebole culer **Onset and Death IMMEDIATE CAUSE (Final** disesse or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantistly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Diseesa or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL lure AILABLE PRIOR TO Cha 21 COMPLETION DF CAUSE 1 - YES 2 4HB OF DEATH? sean Exenter 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 THE tient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

Altending Doctor 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHACKUMKAL V. CYRIAC, M.D./1600 CRAIN HIGHWAY, SW #308/GLEN BURNIE, MD 21061

31. DATE FILED (Month, Day, Year)

3 Suicide

4 Homicide

3

6 Could not be determined



261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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prior to burial, cremation, or removal.	#
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1 Mental Hygier	injury, or oth
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pt. of Health and Mental Hygier	3 shows any injury, or oth
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tate Dept. of Health and Mental Hygier	tem 23 shows any injury, or oth
e State Dept. of Health and Mental Hygier	or item 23 shows any injury, or oth
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ith with the State Dept. of Health and Mental Hygier	narked, or item 23 shows any injury, or oth
death with the State Dept. of Health and Mental Hygier	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
fler death with the State Dept. of Health and Mental Hygier	8 is marked, or item 23 shows any injury, or oth
s after death with the State Dept. of Health and Mental Hygier	1 28 is marked, or item 23 shows any injury, or oth
ours after death with the State Dept. of Health and Mental Hygien	tem 28 is marked, or item 23 shows any injury, or oth
2 hours after death with the State Dept. of Health and Mental Hygien	if item 28 is marked, or item 23 shows any injury, or oth
in 72 hours after death with the State Dept. of Health and Mental Hygier	T: if item 28 is marked, or item 23 shows any injury, or oth
vithin 72 hours after death with the State Dept. of Health and Mental Hygier	ANT: if item 28 is marked, or item 23 shows any injury, or oth
d within 72 hours after death with the State Dept. of Health and Mental Hygier	IRTANT: if item 28 is marked, or item 23 shows any injury, or oth
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or oth

	FOR 1 STATE	STATE OF MA							MENTAL	HYGIEN	E	UP.	4040
į,	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	DGWGMDT	CE	RTIF	ICATE	<u>OF</u>	DEAT	Н	2. DATE O	DA	W	YEAR	3. TIME OF DEATH 2250
6	FLORENCE MAY  4. SOCIAL SECURITY NUMBER  217-09-7270  98. FACILITY NAME (If not institution, give s	5. SEX 1  M 2  F	s. AGE (In yrs. last	birthday) YRS.	MONTHS D	MY8	IF UNDER HOURS	MIN.	01-13	Day, Year)		Countr	PLACE (State or Foreign Y)
DIRECTOR	ST. AGNES HOSPIT				BAL								7-1
		TIMORE		10c. CIT	CATO								10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 223 EDRIDGE WAY						2IP CODE 1228					S.A.	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 I IF YES, GIVE WAI	YES 2 XX		If y	es, spe		n, Mexica	NIC ORIGIN? in, Puerto Ri ly:		or No—	14. RACE Black Speci WHI	E — American Indian, k, White, atc. ///: TE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8 TH	CATION completed) College (1-4 or 5+)	16a. DEC	ve kind of Do NOT u	USUAL OCCI work done duri se retired.)	UPATIO	N st of workin	ng .	300	SEPH S		DUSTRY	COMPANY
BE COM	17. FATHER'S NAME (First, Middle, Lest) CHARLES AUGUST S	SMITH						HER'S NA	ME (First, Mi		Surname)		OOHTHVI
TO E	19a. INFORMANT'S NAME (Type/Print)  JOHN H. ECKSTEIN	JR. (SON	) 2	23 E	DRIDG:	E W	AY		ONSVII	LLE, N	1D 21	228	
	20s. METHOD OF DISPOSITION 1)© Burial 2 Cermation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF JUNERAL SERVICE LI					MET	ERY D ADDRES		CILITY	/91 BA		ORE,	
ATION	23 PART I. Enjer the disease, or specific processes, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Due 10 kg	Caused the dee on each line	C QUENCE C	Hea	e mo	de of dy	ing, suc	ch aa:cardi	ac or resp	iratory ar		Approximate Interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEC	DUENCE C	PF):								
PHYSICIAN: MEDICAL	PART II. Other eignificent condition	7-1/	leath but not r	-	In the under	eriying	cause (	given in		24a. WAS AN PERFOI 1 TYES	RMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2   28a. DATE OF It	NJURY	28b. TII	-	g Hom Sc. INJ			8 Other	1100	INJURY O	COURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At ho	me, farm,	M street, factor		/ES 2 [	NO		TION (Street Town, State		er or Rural i	Route Number,
COMPLETED	anal X	SICIAN: To the best of n											a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE  A S CLU  30. NAME AND ADDRESS OF PERSON WI	wa	1 /	10	D.			ENSE NU 1479					(Month, Day, Year) By 1991

716 MAIDEN CHOICE LANE SUITE 301

DHMH-18 Rev 1/89

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SHAMS,

MAY 3 0 1991

M.D.

32. REGISTRAR'S SIGNATURE Savidson-Randell

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	bed	
furs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the bun'al-transit per removal.	
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аде 6 т	director,	sedies avaminar must be notified at once
death. P	funeral	nlmex
after	by the	leal o
Sin	.E 2	9

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Deot. of Health and Mental Hunlans print to be been completely DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	-	OR
To hours after death with the State Oppi, of Hastilla and Metalla flygiene prior to burial, creatation, and to the control of	5	TO BE COMPLETED BY FUNERAL DIRECTOR
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AL UNECTOR, After this celutrate has been styling by the automorphysician and composed most in or the right of health and Mental Hygiene prior to burial, cremation, or removal.	If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
7 7 7 7 7 7 7 7	If It	AP.

IMPORTANT:

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E	
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEATN		3. TIME OF DEATN
	MARY Ann	ElKINS				монтн да 5 28		- 100
	4. SOCIAL SECURITY NOTISER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0. B	IRTNPLACE (State or Foreign
	213-54-0571	1 □ M 2 TyF 44	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 3/20/194	7	ountry) Marvland
	9e. FACILITY NAME (If not institution, give stre	set end number)	91	. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	
FUNERAL DIRECTOR	Mason-Lord Nur	s.Home		Balto	.Md.			
일	10a. STATE 10b. COUNTY			OWN OR LOCAT				10d, INSIDE CITY
뚭	Maryland Ba:	lto.Co.	Du	ndalk	,Md.			LIMITS?  1 YES 2 NO
4	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER	1813 Ma:	xwell Ave.			2122	2	J	JSA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				IC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian,
<u>L</u>	1 X Never Merried 2 Married	FORCES? 1 YES			city Cuban, Mexicar 2 X NO Specify	n, Puarto Rican, etc.)		Black, White, atc. Specify: White
В	3 Widowed 4 Divorced							MILLE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18e. DECEOENT'S US			16b. KIND OF BUS	SINESS/INDUST	RY
	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)				
A I	7th.grade -		Facto	ry Wo	rker	Smit	h Box	Co.
,	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAI	ME (First, Middle, Malden	Surname)	
BE (	John	Will	Elkins		Lucil	le M.	Mo	CHenry
0	19a, INFORMANT'S NAME (Type/Print)					loute Number, City or Tow		
F	Mrs.Lucille M.	Elkins	1027	River	side Av	e.Balto.	Md.212	230
	20e. METNOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Remo		other place)				CATION — City	
	4 Donetion 6 Other (Specify)	C	edar Hil	1 Keme	etery	l A	A.Co.	Md.
1	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22, NAME AN	O ADDRESS OF FA	YTUR	Balto	.Md.21230
	16 County	Halan	Rem	MCC111	ly fune	ral Home		E.Fort Ave.
	23. PART I Enter the diseases, or co	omplications that cause	the death. Do not					
	shock, or heart failure. L				E	•		Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disesse or condition	0.00	radore	1	a lus	2		
	resulting in death)	DUE TO (OR AS /	CONSEQUENCE OF:	1				Monus
-		C. Im	mara	NEST	ER TE	NSIUW		GEARS
ē	Sequentially list conditions, If sny, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	11/	,			
S	cause. Enter UNDERLYING CAUSE (Disesse or injury	1 Proc	IRLS51	VE S	342tE1	ule se	cross	1 45.AS
E	that initiated events	DUE TO (OR AS	CONSEQUENCE OF):		1		W-5311	145000
CERTIFICATION	resulting in death) LAST	c July	menery	111	brosi.	5		172110
	PART II. Other significant conditions	s contributing to deeth t	out not resulting in	the underlying	ceuse given in	Part I. 24e, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
S		. 50.040.00		111 -11111		PERFOI	PMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	_					1 D YES 2		OF DEATH?
Σ						_		1 YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			/ 28 PI	ACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER?	HOSPITAL:	netlest 3 DOA 1			6 Other (Specify)		
Η	27. MANNES OF DEATN	28e. DATE OF INJURY	28b, TIME C	F 28c, INJ		28d. DESCRIBE NOW	INJURY OCCUR	ED
	1 Natural 5 Pending	(Month, Day, Year)	RULNI		PRK? YES 2 NO	N 42 - VANCE-CO - SAID		
В	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	/ — At home, farm, stre			281, LOCATION (Street	and Number or F	Rural Route Number.
	4 Nomicida detarmined	building, atc. (Spe-	cify)			City or Town, State		
COMPLETED	290. CERTIFIER	CIAN: To the heat of my live	dadas deeth seems t	at the time of the	and alone and 4	to the assurate and		
MP	don't only	CIAN: To the best of my know						nuse(a) and menner se stated.
				opinion, u				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	FATH (ITEM 27) (Tomo O	rint	10	1001	, 3.	48-71
	John R	BURTON	mo 499	10 EAS	tern.	Aux Bo	ildo n	-28-9/ no 21224
	MAY 3 () 1991	32. REGISTRAR'S SIGN	ATURE					

BALTIMORE, MARYLAND 2215-0020	after death. Page 6 may be retained by the Income or Trending physician.	by the funeral director, page 5 should be tenested for use as the burial-transit permit. Pages 1, 2, 3 st moval.	ical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the income of a mending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be writed as the burial-transit permit. Pages 1, 2, 3 st be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, La	est)		ERTIF				2. DATE	E OF DEATH			3. TIME OF DEATI	
TYRONE	M.	FT	ETCE	GRE			MON'	TH D	2 1	YEAR	03;28	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is			R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	1	8. BIRTH	IPLACE (State or For	ign
228-80-4494	1 🔀 M 2 🗆 F		38 ns.	MONTHS	DAY8	HOURS MIN.	12	-14-5			yland	
9a. FACILITY NAME (If not institution, git 1812 W. FAYET	TE STREE	T APT#	2			FIMORE		Y		N/A		
RESIDENCE OF DECEDENT  10a. STATE 10b. COU			10c. Cl	TY, TOWN	OR LOCAT	ION					10d. INSIDE CITY	_
Maryland	none		Ba	alti	_	e City					1 X YES 2 🗌	0
1812 W. Faye	tte St.				101.	21223					States	
11. MARITAL STATUS  12 Never Married 2 Married  3 Nidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X			If yes, spe	ENOENT OF HISPA colfy Cuban, Mexic 2 NO Speci	en, Puerto			14. RACI Blac	E — American India k, White, atc.	****
15. DECEDENT'S (Specify only highest g		5	ECEOENT'S Give kind of fe. Do NOT	work done	during mos	DN st of working	16	b. KIND OF BU	JSINESS/IND			
12th grade	none	้ บ	nem	ploy	ed			none				
17. FATHER'S NAME (First, Middle, Last)		033				16. MOTHER'S N						Ī
Hillary D	. Fretch				0.65			ae Lo				_
Veronica Cun	ningham	1				nd Number or Rural Ayette					e, Md. 2	1
20a. METHOD OF OISPOSITION DE Buriel 2 Cremation 3 5 4 Donation 5 Other (Specify)	Removal from State	20b. PLAC	E AND DAT	ry or other	POSITION place)	(Name 5/29/	1		OCATION —		own, State	Ţ
21. SIGNATURE OF FUNERAL SERVICE	E LICENSIN		-	Lan	NAME AN	IN ADDRESS OF F	ACILITY		7.	0.0		
23. PART I. Enter the diseases, ahock, or heart fells immediate Cause (Finel disease or condition resulting in death)	or complications the ire. List only one cal NARCO	fise on each iir FIC INT( ed Immul	death. Do ne. OXICA ne De	not ente	412 r the mo	de of dylng, su	ch aa ce	n St.	Bal	to,	Md. 212 Approximatinterval Be Onset end	ta twe
ahock, or heert fells IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	NARCO  a. ACQUITE  BUE TO  C. OUE TO	tycased the cuse on each iir	death, Done.  OXICA  MC DC  EOUENCE	not enter ATION Efici OF):	412 r the mo	E. Pre	ch aa ce	n St.	Bal	to,	Md. 212 Approximatinterval Be	ta twe
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ahock, or heert felix IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant condi ACQUIRED IMMUN  25. WAS CASE REFERRED TO MEDICA	or complications the re. List only one cal NARCO a. ACQUITE DUE TO c. DUE TO d. Littona contributing to NE DEFICIEI	proceeds the color of the color	death, Do ne.  OXICA  ME DO EQUENCE (  EQUENCE (  EQUENCE (  To resulting	not ente ATION Fici OF):	412 r the mo	E. Prede of dying, sur	Part I.	n St. rdiac or rear	Bal  Diratory and  NAUTOPSY PRMED?	to,	Md . 212 Approximatinterval Ba Onset end Onset end  b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO	two two to Deal To Dea
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran s after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
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31. DATE FILED (MORTH, Day, Year)
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11. MANITAL STATUS 11. MANITAL STATUS 11. NAVE Married 2   Married 2   Married 2   Married 3   Married 2   Married 3   Married 4   Married 6   Married	10d. INSIDE CITY LIMITS? 1 X YES 2 NO		,Md.		10	ттү	_	
Sequentially list conditions,   Sequentially list conditions	OF WHAT COUNTRY?			10f. ZIP C		William S		10e. STREET AND NU
Sequentially list conditions resulting in death)   AST   Consequence of the consequence	ACE — American Indian, Black, White, etc. Specify: White	ean, etc.)	Cuben, Mexican, Puerto I	If yes, specify Co	8 2 NO	FORCES? 1	2 Married	1 Never Married
Mary   Pope   Mary   198. MACHARD ADDRESS (Street and Number or Runh Route Number, City or Rown, State, 20 Code)   Mrs. Angela M. Horsley   4112 Townsend Ave. Balto. Md. 21 cremation 3   Removal from State   208. PLACE OF DISPOSITION (Nume of camelery; crematory or drive, place)   208. PLACE OF DISPOSITION (Nume of camelery; crematory or drive, place)   208. PLACE OF DISPOSITION (Nume of camelery; crematory or drive, place)   208. PLACE OF DISPOSITION (Nume of camelery; crematory or drive, place)   208. PLACE OF DISPOSITION (Nume of camelery; crematory or drive, place)   208. PLACE OF DISPOSITION (Nume of camelery; crematory or drive, place)   208. PLACE OF DISPOSITION (Nume of camelery; crematory or drive, place)   208. PLACE OF DISPOSITION (Nume of camelery; crematory or drive, place)   208. PLACE OF DISPOSITION (Nume of camelery; crematory or drive, place)   208. PLACE OF DISPOSITION (Nume of camelery; crematory crematory and place)   208. PLACE OF DISPOSITION (Nume of camelery; crematory crematory crematory crematory and place)   208. PLACE OF DISPOSITION (Nume of camelery; crematory crematory crematory and place)   208. PLACE OF DISPOSITION (Nume of camelery; crematory crematory crematory and place)   208. PLACE OF DISPOSITION (Nume of camelery; crematory crematory crematory crematory crematory and place)   208. PLACE OF DISPOSITION (Nume of camelery; crematory crema	N .		working 16b.	rk done during most of wo retired.)	(Give ki	rde completed)	ecify only highest grandary (0-12)	(Special Control Contr
150. INFORMANT'S NAME (TyperPrint)  150. MAILING ADDRESS (Street and Number or Paural Review Number, City or Rown, State). 20 Code)  150. MAILING ADDRESS (Street and Number or Paural Review Number, City or Rown, State). 20 Code)  250. METHOD OF DISPOSITION 360. METHOD OF DISPOSITION (Number of Commettery, cremetory or A. A. CO. M.  260. METHOD OF DISPOSITION (Number of Commettery, cremetory or A. A. CO. M.  261. Donation S Disposition S Disposition State  262. NAME AND ADDRESS OF FACILITY  Balto.Md. 21  263. PART I. Effect the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only ona cause on each line.  IMMEDIATE CAUSE (Fined disease or conditions, as a consequence of):  Sequentially list conditions, fray, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that indicated events resulting in death) LAST  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  263. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   VES 2   NO   260. THE CY   260		idle, Maiden Surname)				ichael	(First, Middle, Last)	
20s. METHOD OF DISPOSITION   20s. DECATION — City or order place)   20s. DECATION — City order place)   20s.							NAME (Type/Print)	
Balto.Md.21  MCCUITY Funeral Home, 130  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. SEVERE CONGESTIVE HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  1 SCILEMIC CANDIO MYORA THY  DUE TO (OR AS A CONSEQUENCE OF):  1 SCILEMIC CANDIO MYORA THY  DUE TO (OR AS A CONSEQUENCE OF):  1 SCILEMIC CANDIO MYORA THY  DUE TO (OR AS A CONSEQUENCE OF):  1 SCILEMIC CANDIO MYORA THY  DUE TO (OR AS A CONSEQUENCE OF):  1 SCILEMIC CANDIO MYORA THY  DUE TO (OR AS A CONSEQUENCE OF):  1 SCILEMIC CANDIO MYORA THY  DUE TO (OR AS A CONSEQUENCE OF):  1 SCILEMIC CANDIO MYORA THY  DUE TO (OR AS A CONSEQUENCE OF):  1 SCILEMIC CANDIO MYORA THY  DUE TO (OR AS A CONSEQUENCE OF):  1 SCILEMIC CANDIO MYORA THY  DUE TO (OR AS A CONSEQUENCE OF):  1 SCILEMIC CANDIO MYORA THY  PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF OEATH  1 Nursing Home 5 Residence 6 Other (Specify)  28. DATE OF HULLIPY  (Month, Day, Wer)  28. DATE OF HULLIPY  MONTY THY WORKY T		200	, crematory or	TION (Name of cometery, o	other place)	100		
IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. SEVERE CONGESTIVE HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  1 SCHEMIC CANDIO MYORA THY  DUE TO (OR AS A CONSEQUENCE OF):  1 SCHEMIC CANDIO MYORA THY  DUE TO (OR AS A CONSEQUENCE OF):  1 SCHEMIC CANDIO MYORA THY  DUE TO (OR AS A CONSEQUENCE OF):  1 DUE TO (OR AS A CONSEQUENCE OF):  2 DUE TO (OR AS A CONSEQUENCE OF)					Cedar		Other (Specify)	4 Donation 5
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A	E.Fort A	Home, 130	obress of Facility  1 v Funera	MCCull	od the death.	LICENSEE or complications that c	Other (Specify)  FUNERAL SERVICE  CHAPTER  THA diseases, or	21. SIGNATURE OF F
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  RECURATE BLOCK ONLY OF STREET	E.Fort Approximat	Home, 130 ac or respiratory arrest,	DORESS OF FACILITY  LY Funera  of dying, such as care	MCCUII that anter the mode of	od the death aach line.	or complications that constitutions and cause	Other (Specify)  PNERAL SERVICE  The diseases, (k, or heart fallur  SE (Final	21. SIGNATURE OF F
PART II. Other algolificant conditions contributing to death but not resulting in the underlying cause given in Part I.  RECURENT BLOWN CHILLS  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF OEATH 1 Netural 5 Pending Investigation 28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF Sec. INJURY AT WORK? 1 YES 2 NO  28b. TIME OF Sec. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK?	E.Fort Approximat	Home, 130 ac or respiratory arrest,  FAILUA	DORESS OF FACILITY  LY Funera of dying, such as care  HEART  MYO PA-	22. NAME AND ADD  MCCUIL  It anter the mode of  SESTIVE  AND (0)	And the death and line.	a. SEVEN  DUE TO (OI  DUE TO (	other (Specify)  FineRal Service  The diseases, of the di	21. SIGNATURE OF F  23. PART I. Enter shock IMMEDIATE CAUS disease or condit resulting in death  Sequentially list of any, leading to
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I 784 PLACE OF INJURY — At home form street feetons office 1 201 LOCATION (Street and Municipal of Dur	Approximatintarval Bet Onset and Set Onset American Set Onset Onse	Home, 130 ac or respiratory arrest,  FAILLIA  147  1CLENCY  24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 NO	DDRESS OF FACILITY  I Y Funera  I dying, such as card  HEART  MO PA-  (NSU F1  use given in Part i.	22. NAME AND ADD  MCCUll  It anter the mode of  SESTIVE  AND O  THE AT  26. PLACE O  OTHER:	A CONSEQUEI A CONSEQUEI A CONSEQUEI A CONSEQUEI B A CONSEQUEI B A CONSEQUEI	a. SEVEN  DUE TO (OI  DUE TO (	conditions, immediate DERLYING or injury ints h) LAST	23. PART I. Enter shock IMMEDIATE CAUS disease or condit resulting in death Sequentially list of sny, leading to cause. Enter UND CAUSE (Disease that initiated ever resulting in death PART II. Other als
Surfice 8 Could not be determined building, etc. (Specify)  City or Town, State)	Approximation interval Betonset and Conset a	Home, 130 ac or respiratory arrest,  FAILLIA  147  147  14. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO  (Specify)  RIBE HOW INJURY OCCURE	DORESS OF FACILITY  1 Y Funeral dying, such as card of dying, such a	22. NAME AND ADD  MCCUll  It anter the mode of  SESTIVE  AND O  TEAT  It the underlying cause  HITS  26. PLACE O  OTHER:  4   Nursing Home 5    OF   28c. INJURY AND ADD  RY M   1   YES	A CONSEQUEI   DUE TO (OI  d.  HOSPITAL: 1   Inpatient 2   E  28a. DATE OF IN  (Month, Dey.	conditions, immediate DERLYING or injury ints h) LAST	23. PART I. Enter shook IMMEDIATE CAUS disease or condit resulting in death Sequentially list of any, leading to cause. Enter UND CAUSE (Disease of that initiated ever resulting in death PART II. Other also that in the sequential of the sequentia	
Building, etc. (Specify)  Building, etc. (Sp	Approximation interval Betonset and Conset a	HOME, 130 ac or respiratory arrest,  FA ( ( ) 1  ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	DORESS OF FACILITY  I V Funera  I dying, such as card  HEART  MYORA-  (NSU \$1  Use given in Part I.  OF DEATH (Check only or  Residence 6 0 Othe  AT 28d, DE:  28f, LOC.	22. NAME AND ADD  MCCUll  It anter the mode of  SESTIVE  AND O  TEAT  It the underlying cause  HITS  26. PLACE O  OTHER:  4   Nursing Home 5    OF   28c. INJURY AND ADD  RY M   1   YES	A CONSEQUEI  But not resu  C C C C C C C C C C C C C C C C C C C	DUE TO (OI  DUE TO	conditions, immediate DERLYING or injury ints h) LAST  Ignificant conditions the DERLYING or injury ints h) LAST  Ignificant conditions the DERLYING or injury ints h) LAST	23. PART I. Enter shook IMMEDIATE CAUS disease or condit resulting in death Sequentially list of any, leading to cause. Enter UND CAUSE (Disease that initiated ever resulting in death PART II. Other als 1 yes 2 2. Manner of OEA 1 Natural 2 Accident 3 Suicide 4 Homicide

301

M.D.

PAUL PLACE BALTIMONE MD

STATE OF		/ DEPARTMENT			MENTAL	HYGIENE
1 15	С	ERTIFICATE	OF DEA	ГН		REG. NO.

FOR STATE REGISTRAR	STATE OF MARY		ICATE C	F DEATH	REG. N	10.		
1. DECEDENT'S NAME (First, Middle, L CATHERINE E.					2. DATE OF DEATH MONTH MAY 28,	1991	YEAR	3. TIME OF DEATH 6:30 P.
4. SOCIAL SECURITY NUMBER 215-10-8978		E (In yrs. lest birthday) 7 YRS.	MONTHS DA		7. DATE OF BIRTN (Month, Day, Year) NOV. 26,	1913	Country	ARYLAND
90. FACILITY NAME (If not institution, § 3318 BRENDAN AV	VENUE			N OR LOCATION OF D	EATH	9e. COUN	NTY OF DE	ATN —
RESIDENCE OF DECEDEN 10a. STATE 10b. CO MARYLAND		10c. CI	TY, TOWN OR LO					10d. INSIDE CITY LIMITS? XX YES 2 \( \square\) NO
10e. STREET AND NUMBER	7		DALL	101. ZIP CODE		100	ZEN OF WI	HAT COUNTRY?
3318 BRENDAN AV	12. WAS DECEDENT EVER FORCES? 1 YES	S ZXXNO	If yes	21213 DECENDENT OF NISP/ , specify Cuben, Mexic YES 2XXNO Spec	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yee or No-	U. S 14. RACE Black, Specify	- American Indian, White, atc.
3 Widowed 4 Divorced  15. DECEDENT'S (Specify only highest)		18a. DECEDENT'S	S USUAL OCCUI	ATION a most of working	16b. KIND OF	BUSINESS/IND	DUSTRY	WHITE
Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA		ise retired.) RIA WOI	rmost of working	FO	OD SER	RVICE	
17. FATHER'S NAME (First, Middle, Las JOHN THOMAS WEI					RTHA HUBE			
190. INFORMANT'S NAME (Typo/Print) ELIZABETH CUNN					ALTIMORE,			
20aMETNOD OF DISPOSITION	Removal from State	20b. PLACE AND DAT	TE OF DISPOSIT	ION (Name	DATE 20c.	LOCATION -	City or Tow	rn, State
1.XXBuriet 2 - Cremetion 3 -		PARKWOOD	L. H.MIR.L.				6	
1. Nauret 2 Cremetton 3 Cremetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 23. PART 1. Enter the diseases shook, or heert fall	e Last	PARKWOOD	22. NAM SCH: 333:	e and address of o MUNEK FUN BREHMS I	ERAL HOME	ES, INC	MD.	Approximate interval Between
1.Núburlet 2 Cremetion 3  4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 23. PART 1. Enterthe diseases.	or complications that causium List only one cause on  a	PARKWOOD	22. NAM SCH: 333: not enter the	e and address of o MUNEK FUN BREHMS I	ERAL HOME	ES, INC	MD.	Approximate interval Between
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1. Auguret 2 Cremetion 3 depends on the control of	b. DUE TO (OR AS d. d. d. ditions contributing to deeth	PARKWOOD  Med the death. Do  Med	22. NAM SCH: 333: not enter the	E AND ADDRESS OF IMUNEK FUN BREHMS I mode of dying, audition of dying, audition of the second of the	Perty 24a. WAS PER 1 VES	ES, INC 'IMORE, apiratory ari	, MD.	Approximate interval Betwee Onset and De Ons
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1. Auguret 2 Cremetion 3  4  Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 23. PART 1. Entey the diseases shook, or heert fall immediate Cause or condition resulting in deeth)  Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions or cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS  d. DUE TO (OR AS	PARKWOOD  Red the death. Do each line.  S A CONSEQUENCE of the but not resulting	22. NAM SCH: 333: not enter the  OF):  OF)	E AND ADDRESS OF EMUNEK FUN BREHMS I mode of dying, au  lying ceuse given i  LUOS CADR  6. PLACE OF DEATN (I Nome 6 Residence INJURY AT WORK?	Perty 24a. WAS PER 1 YES	S AN AUTOPSY FORMED?	MD.	Approximate interval Between Onset and De On
1. Auguret 2 Cremetion 3   4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 23. PART 1. Entey the diseases shook, or heert fall immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth)  PART II. Other aignificent cone CEXAMINER? 1 YES NO 27. MANNER OF DEATN   Netural 5 Pending Investigated 1 Pending Investiga	DUE TO (OR AS  d. DUE TO (OR A	PARKWOOD  The death be death. Do each line.  S A CONSEQUENCE of the but not resulting th	22. NAM SCH: 333: not enter the  OF):  OF)	E AND ADDRESS OF EMUNEK FUN BREHMS I mode of dying, au  lying ceuse given if  LUC S Chart  8. PLACE OF DEATN (1) Nome Desidence INJURY AT YES 2 NO  office	ACHITY IERAL HOME ANE BALT ch as cerdiec or re  Part   24a. WAS PER   1   YES  Check only one)  24d. DESCRIBE NO  26l. LOCATION (Sin City or Fown, Sin City	AN AUTOPSY FORMED? S WINJURY OC  Test and Number  Transport as sta	24b.	Approximate interval Betwee Onset and De Ons
1. Auguret 2 Cremetion 3   4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 23. PART 1. Entey the diseases shook, or heert fall immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth)  PART II. Other aignificent cone CEXAMINER? 1 YES NO 27. MANNER OF DEATN   Netural 5 Pending Investigated 1 Pending Investiga	DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS   PARKWOOD  The death be death. Do each line.  S A CONSEQUENCE of the but not resulting th	22. NAM SCH: 333: not enter the  OF):  OF)	E AND ADDRESS OF EMUNEK FUN BREHMS I mode of dying, au  lying ceuse given i  LUC S CLAR  6. PLACE OF DEATN ( Nome Cheeldence 1. INJURY AT WORK?  YES 2 NO  office  date end place, end don, death occured at ti  29c. LICENSE N	ACILITY IERAL HOME ANE, BALT ch as cerdiec or re  Period 1 Yes  Check only one) 28d. Describe No  28d. Describe No  28d. Location (Sinchly or Town, Sinchly or	S AN AUTOPSY FORMED? S AN ON INJURY OC Transport and Number tate)	MD . rest,  24b.  CCURED  or or Rural R  sted. the couse(e)	Approximate interval Betwee Onset and De Ons	

TO THE HOSPITAL DR ATTENDING PHYSICIAN The second controlled be executed within 24 mouns after death. Page 5 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certification of the second physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Step Completely mad Maintal Hydiene prior to burial, cremation, or removal.  IMPORTANT: If liem 28 is marked, or flem 23 shorts any injury, or other traumatic event, the medical examiner must be notified at once.
--

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest)  ARNOLD	GREEN			2. DATE OF O	DEATH DAY	YEAR 8 40	A-N		
710	4. SOCIAL SECURITY NUMBER 217-24-7130					TE OF BIRTH Opth, Day, Year,  22-3/  B. BIRTHPLACE (State or Foreign Country)  H. G.				
TOR	9a. FACILITY NAME (II not institution, give street and number)  NOTE: BOTH  PS. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  PS. COUNTY OF DEATH  PS. COUNTY OF DEATH									
DIRECTOR	10e. STATE 10b. COUNTY	10c, CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS? 1 DYES 2 NO	0		
BY FUNERAL	3433 Piedry	Yout Ave 212			109. CITIZEN OF WHAT COUNTRY?  46  4. S.A					
	11. MÁRITAL STATUS  1 Never Married 2 Married 5 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, apecify Cuban, Mexican 1 YES, GIVE WAR OR DATES  12. WAS DECENDENT OF HISPANI If yes, apecify Cuban, Mexican 1 YES 2 NO Specify:				dcan, Puerto Rican	n, Puerto Rican, atc.) Black, White, etc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KINO OF BUSINESS/INDUSTRY									
BE COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 18. MOTHER'S NAME (First, Middle, Last)									
TO B	19a. INFORMANT'S NAME (Typogrini)	petf :	19b. MAILING ADDRES	S. 150 best and Number or Ru 18 Mort	rel Route Number, C	thy or Town. State, Zip Balk	CODO) Med 2/2/	6		
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cempting or other plage)  20b. PLACE AND DATE OF DISPOSITION (Name of cempting or other plage)  20c. LOCATION — City or Town, State									
	21. SIGNATURE OF FUNELAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  YOUCH F. H. West  43.00 Walkely See									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final									
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. McLastatic hepato Cellular Ca Profserine  Due to (OR AS A CONSEQUENCE OF):  Jenthom ocid reaction									
MOIT	If any, laading to immediate									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  d. DUE TO (OR AS A CONSEQUENCE OF):—.									
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED?  1 YES 2 NO COMPLETION OF CONFIDENCE.						0			
N: MEDIC	- 1-i fection						OF DEATH?	0		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 PROBERTAL:  1 Propertient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO  28c. INJURY AT WORK?  1 YES 2 NO									
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, etreet, fe	ctory, office		N (Street and Number wn, State)	or Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.  Description of the cause(a) and manner as stated.									
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFUL	1 ru	il H	29c. LICENSE 30	NUMBER 7427	29d. DATT	125/9/			
F	30. NAME AND ADDRESS OF PERSON-WH	O COMPLETED CAUSE OF DEATH (I	TEM 27) (Type Print)	7 ^	16-		1 111			

DEATH (ITEM 27) (Type

- 30 0

32, REGIOTRAR'S SIGNATURE

31. DATE FILED (MONTH Dev.) Years 1 MAY 3 0 1991

2/20

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or make an universal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital (if miles an innocean).	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERT	<b>FIFICA</b>	TE OF	DEATH	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) BARBARA		J.		GORE	ON	2. DATE OF I	27 <sup>AY</sup> 1	99EM	3. TIME OF DEATH 6:17 A	
4. SOCIAL SECURITY NUMBER	5. SEX 6	A. AGE (In yrs. last birth	MON	NOER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	BIRTH v. Year)			
214-58-5444		40 Y	RS.				-1951		Md	
99. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  97. COUNTY OF DEATH  96. COUNTY OF DEATH								DEATH		
RESIDENCE OF DECEDENT										
10a. STATE 10b. COUNT	Y	100		wn or Locati Baltimor					10d. INSIDE CITY LIMITS?  1 X YES 2 NO	
10e. STREET AND NUMBER								ITIZEN OF	WHAT COUNTRY?	
3707 Cranston Avenue				21229 U				USA		
11. MARITAL STATUS  1 \( \) Never Merried 2 \( \) Merried  3 \( \) Widowed 4 \( \) Divorced	MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1  YES 2			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Ricen, etc.)  1  YES 2 NO Specify:  Specify  Specify					E — American Indien, k, White, etc.	
15. DECEDENT'S EDU	ICATION	16a, DECEDE	NT'S USU	AL OCCUPATIO	N.	16b. KIN	ID OF BUSINESS/I	NOUSTRY	- 1	
(Specify only highest grade	completed)	(Give kir		tone during mos		1001 1111				
Elementary/Secondery (0-12)	College (1-4 or 5+)						Post O	ffice		
17. FATHER'S NAME (First, Middle, Last)					40 \$407145010 ***	ME (El-) All I				
Johnnie J. Gordon					Laura \	leney	le, Malden Surname	,		
19a. INFORMANT'S NAME (Type/Print)							City or Town, State,			
Laura Gordon	371			Colbourne Road Balt			ore, Md 2	1229		
20e, METHOD OF DISPOSITION 1				pisposition her place thu		6191	20c. LOCATION — City or Town, State Emmerton, Va			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	/		Mar	ch F/H Wes Wabash A	st			TAIL.	
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.									
that initiated events resulting in death) LAST	at initiated events  Butting in death) LAST  d									
PART II. Other significant condition	er all	PERFORMED?  1 YES 2 NO					WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Serves 2 NO			
25. WAS CASE REFERRED TO MEDICAL				26 PI	ACE OF DEATH (C)	nock only one)				
EXAMINER?	HOSPITAL:		01	WED.						
XXYES 2 NO		ER/Outpatient 3 🗆 D	_		A Rasidence					
27. MANNER OF DEATH  1										
						Route Number,				
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.  MIDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as								(e) and manner as stated.		
298. STUMMINHE AND TITLE OF CENTIFIE	9A ) //	-	_		29c. LICENSE NU	MBER	294, 0	ATE SIGNE	D (Moreth, Day: New)	
1-61/1	JAH.	mo		7.0		ME	▶0		27 1991	
26. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type Prin	0		- 247	- 0	-	T	
FRANK J	PERET	Tim	1		ENN STRE	ET BA	LTIMORE	, MAR	RYLAND 21201	
MAY 3 0 1991		Son-Randall				(1)				

1. DECEDENT'S NAME (First, Middle, Last)

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

199ET

9c. COUNTY OF OEATH

II.

North

10g. CITIZEN OF WHAT COUNTRY?

S. A

3. TIME OF OEATH

M

Carolina

15:45

10d, INSIDE CITY LIMITS? 1 X YES 2 NO

14. RACE — American Indian, Black, White, atc.

**Black** 

8. BIRTHPLACE (State or Foreign

BALTIMORE, MARYLAND 21 hours after death. Page 6 may be retained certificate be executed within RECORDS, P.O. BOX 68760. OR ATTENDING PHYSICIAN: The law requires that the death DIVISION OF VITAL

2

2

MAY 3 0 1991

2. DATE OF DEATH WILLIAM 23 CARVER GRAY JR. A SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 19 DAYS HOURS MIN. 1 M 2 F YRS. 242-47-9586 ransit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b, CITY, TOWN OR LOCATION OF DEATH PRINCE GEORGES COUNTY HOSPITAL CHEVERLY PRINCE GEORGES DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Carolina Irdell Statesville FUNERAL 10e. STREET AND NUMBER 28677 Boulevard 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 X Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 87 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) ò director, page 5 should be detached Detailer Everhart Honda once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 70 William Carver Gray, Sr Anita Adams **BE** notified 19a, INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20e. METHOD OF DISPOSITION
1 X Burlet 2 Cremetton
4 Donatton 835 Statesville, Boulevard 9 20b. PLACE AND DATE OF DISPOSITION (Name DATE must Buriel 2 Cremetion 3 Removal from State Donation 5 Other (Specify) \_ Belmont Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral 2501 Gwynns Falls Parkway Baltimore, Maryland 2121 Cermon and completely filled in by the o burial, cremation, or removal. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. medical 23. PART I. Enter the diseases, or complications that cau IMMEDIATE CAUSE (Final the disease or condition 0 4 event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 9 If any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other t DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 Injury. PART II. Other significant conditions contributing to deeth but not resulting in the undarlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL been signed by the pt. of Health and N 3 shows any Inf 1 XDYES 2 | NO has b Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h tem HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 X YES 2 □ NO 6 26s. DATE OF INJURY (Month, Day, Year) 5-25-91 26b. TIME OF INJURY 02:35M 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED this c marked, 1 Natural SUBJECT SHOT 1 YES 2 NO 8 After 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide DIRECTOR: A hours after d 69 6 Could not be COMPLETED 4 🥦 Homicide STREET TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as stated. HOSPITAL 250 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TITUE OF CERTIFIER 29c. LICENSE NUMBER 8 뿓

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Davidson-Randelle

28677 North Carolina 20c. LOCATION — City or Town, State Statesville, N.C. Nutter Funeral Homes Approximate Interval Between Onset and Deeth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? NES 2 NO 281. LOCATION PRINCE CERCE'S COLVIY, MA WEBSTER ST. P.G. COUNTY, MD. 29d, DATE SIGNED (Morn), Day Year) 05-26-1991 111 PENN STREET BALTIMORE, MARYLAND21201 **OHMH-16 Rev 1/89** 

O.C.M.E.

r attending physician.	use as the burtal-transit permit. Pages 1, 2, 3 should		
ING PHYSICIAN: The law requirement the contribute be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been until the burial-transity physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	burial, cremation, or removal.	ed, or item 23 shown an injury or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN; The law recommendation are describinate be execu	THE FUNERAL DIRECTOR: After this certificate has been with a physician and	e filed within 72 hours after death with the State Dept. of Halm and Walter vigiene prior to bur	APORTANT: If item 28 is marked, or item 23 shown any fillury or other traumation

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		ENTAL HYGIENE BEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	YEAR	3. TIME OF DEATH		
	George 1	A. Glass III				5 ZG	91	7 P M		
			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mongh, Day, Year)	6. BIRT	THPLACE (State or Foreign intry)		
		M 2 D F	60 YRS.			4/29/31	/ Pennsylvania			
.	9a. FACILITY NAME (If not institution, give atreet			Catons	R LOCATION OF DEA	TH/ 94	Balti			
5	5944 Johnnycake Ro	oad		Catons	ville		Balti	TWOIG		
DIRECTOR	10a. STATE 10b. COUNTY		10c, CIT	, TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?		
	MD Balt	MD Baltimore						1 TYES 2 NO		
3	10e. STREET AND NUMBER			101	. ZIP CODE	10		WHAT COUNTRY?		
UNERAL	5944 Johnnycake Road				21228		USA			
5	11. MARITAL STATUS  1 Never Married 2 Married	FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.)			Black, White, etc.			
20	3 Widowed 4 Divorced	Korean	ATES	1 VES	2 NO Specify:		White			
3	15. DECEDENT'S EDUCATE (Specify only highest grade con		16a. DECEDENT'S	USUAL OCCUPATIO	SUAL OCCUPATION it done during most of working			BUSINESS/INDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	e retired.)		Manufacturing		a			
COMPLEIED	12 years 17. FATHER'S NAME (First, Middle, Last)	4 years	Engine	CI			_			
	George Allen Glass	Tr			ALL STREET, ST	E (First, Middle, Maiden Sun				
מ	19a. INFORMANT'S NAME (Type/Print)	), UI.	19b. MAILING	ADDRESS (Street )		ne Hauck  oute Number, City or Town, S	tete. Zio Gode)	So Corte)		
2	Dolores H. Glass					atonsville,		1228		
	20a. METHOD OF DISPOSITION 1  Burial 2  Cremation 3  Remova		b. PLACE AND OAT	OF DISPOSITION	(Name		ION — City or			
	4 Donation 5 Other (Specify)	THOM State	Green Mou	int Ceme	MD					
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /		1	D ADDRESS OF FAC					
	Jan L. Cha	Ugh			on Funera Loch Rave	Da.	1to.,	MD 21228		
ON	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):									
HILLAHON	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
E CE	d									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  Diabetes Mellitus  Hypertension  1 yes 2 1 10						4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITAL:  OTHER:									
2	1 YES 2 WNO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 WResidence 6 Other (Specify)									
10	1 Natural 5 Pending 2 Accident Investigation	6 Pending (Month, Day, Year) INJURY WORK?					on occoned			
MPLEIEUB	3 Suicide 4 Could not be detarmined  28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)							al Route Number,		
COMPLE	29a. CERTIFIER (Check only one)  1. CERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  2. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
2	296. SIGNATURE AND TURE OF CENTIFIER	9d. DATE SIGNED (Month, Day, Year)								
2	30. NAME AND ADDRESS OF FROM WHO CO	May 4	EATH (ITEM 27) (Type	Print) [4] 01	d Fue	devick	Rd	21229		
MAY 3 0 1991 Sura Savidson Randon										

	per margaret 1, 2, 3 should	-	(0)
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train prince that the following the funeral director, page 5 should be detached for use as the burial-train prince that the following the	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF I	MARYLAND		RTMENT				MENTAI	L HYGIEN		1	14555	
	1. OECEDENT'S NAME (First,	Middle, Last)	Ъ. с			GLORIOSO 2. DATE MONT					OF DEATH	AY	YEAR 91	3. TIME OF DEATH PM	
	4. SOCIAL SECURITY NUMBER 213-34-74		5, SEX	6. AGE (In yrs. le	ynst birthday) Yns.	IF UNDER	1 YEAR DAYS			7. DATE OF BIRTH 9/13/190		4	Country	PLACE (State or Foreign y) ryland	
OR	9a. FACILITY NAME (If not int St. Agnes	Hosp			96. CITY, TOWN OR LOCATION OF DEATH Baltimore						9c. COUNTY OF DEATH				
ECT	RESIDENCE OF DEC	EDENT 10b. COUNTY	,		10c. CI	TY, TOWN C	FI LOCAT	ION		-	10d. INSIDE CITY				
E	Maryland	Anne	Arund	e1		G1	en	Burı	nie			1 WES 2 NO			
₹.	10e. STREET AND NUMBER						101	. ZIP COD	E			(15).		YHAT COUNTRY?	
NE	7900 Benesch Circle Apt.									210				States - American Indian,	
BY FUNERAL DIRECTOR	1 Never Married 2 3 Widowed 4 Divor	Married 2 Married FORCES? 1 YES 2X				0.0	If yes, sp	cify Cuba 2 NO	n, Maxles	n, Puerto	Rican, etc.)	0,100	Black Speci	t, White, atc.	
COMPLETED	(Specify only Elementary/Secondary (0	(Specify only highest grade completed) (G mentary/Secondary (0-12) College (1-4 or 5 +)						st of worki			. KIND OF BU			- 1	
MP	8th. grad		2 year	rs M	edic	al R	eco				H O Middle, Maiden		a1		
TO BE CO	John			1.		tche		Man	rgai	ret				unknown)	
	Mrs. Isab		Myers								ber, City or Tow nthic			21090	
	20a, METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	20b. PLAC	E AND DAT	TE OF DISP	OSITION	(Name		DAT	E 20c. LC	CATION —	City or To		
	21. SIGNATURE OF FUNERAL		CENSEE	New	Cath	M C	C u	11y	Fui	nera	1 Hom	e of	Pa	ore, Md sadena MD. 21122	
CERTIFICATION	23. PART I. Enter the diseases, of complications that caused the shock, or haert fallule. List only one cause on each if immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST					cul OF): Ula OF):		-						Approximate interval Between Onset and Death	
MEDICAL	PART II. Other significa	nt condition	na contributing to	reauiting	ting in tha undarlying cause given in Part I.				Part I.	t I. 24s. WAS AN AUTOPSY PERFORMED?			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICA!					26 0	LACE OF	DEATH #	heck only o	nel				
SICI	EXAMINER?	o madrora	HOSPITAL:	☐ ER/Outpatient	3   DOA	OTHE	R:			6 Oth					
H	27. MANNER OF DEATH		28a. DATE O		28b, TI		26c. IN-	JURY AT			SCRIBE HOW	INJURY OC	CURED		
ВУ Р		Pending Investigation	(MONO),	Day, rour)	1	M		YES 2	] NO						
		Could not be detarmined		OF INJURY — At I I, atc. (Specify)	homa, farm	, street, fac	tory, offic	:0			CATION (Street or Town, State		r or Rural i	Route Number,	
COMPLETED	Check only		ER: On the basis of											a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE 28 OU	OF CERTIFIE		· Rese	de	ut		29c. LIC	CENSE NU	JMBER				2 3 / 9 /	
TO	30. NAME AND ADDRESS OF	18	HAR,	STAGN	IES	4051	PATE	H,	900	CAT	ON A	υ.	BA	LTO. MD	
	31. DATE FILED (Month, Day,	30 19	91 32. REGISTE	MAR'S SIGNATURE	~ pan	delle									

1997

9c. COUNTY OF DEATH

USA

3. TIME OF DEATH

7:15 P

10d. INSIDE CITY

14. RACE — American Indien, Black, White, atc.

White

21225

Onset and Death

**Approximate** 

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 YES 2 NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 X NO

8. BIRTHPLACE (State or Foreign

Maryland

ANNE ARUNDEL

10g. CITIZEN OF WHAT COUNTRY?

BALTIMORE, MARYLAND 21215-0020

1, 2, 3 should

CERTIFICATION

MEDICAL

BY

COMPLETED

BE

2

other

9 injury,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIRECTOR	
Y FUNERAL	
COMPLETED BY	
TO BE	

-27 10

1 -

STATE REGISTRAR **CERTIFICATE OF DEATH** OSTH 2 1. DECEDENT'S NAME (First, Middle, Last) CHARLES 20 PAY GUNKEL, Jr. GERALD 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH HOURS 459-67-9882 23 1 X M 2 - F 5/2/1968 YRS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH NORTH ARUNDEL HOSPITAL GLEN BURNIE RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE Maryland Anne Arundel (Brooklyn Park) Baltimore 10e. STREET AND NUMBER 101. ZIP CODE 5113 Fourth Street, 21225 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 X Never Married 2 Married 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp ary (0-12) College (1-4 or 5+) 12 Holiday Inn Student and Chef 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Gerald Charles Gunkel, Sr. Mary-Lou Cox Gunkel 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Mary-Lou Gunkel 5113 Fourth St., Balto., Md. 20e. METHOD OF DISPOSITION
1 [X] Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE Glen Haven Memorial Park 5/24Glen Burnie, Maryland 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
McCully Funeral Home of Brooklyn 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker 237 E. Patapsco Ave., Balto., Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that Initiated events resulting in death) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL R/Outpetient 3 DOA OTHER: XX YES 2 NO ne 5 Residence 6 Other (Specify) 27. MANNER OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner se stated.

26b. TIME OF INJURY

M

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

28c. INJURY AT WORK?

1 YES XX NO

OCME

Monald & Whis & MO
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

05

28e, DATE OF INJURY

20

1991

DOME

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

111 PENN STREET BALTIMORE, MARYLAND 21201

28d. DESCRIBE HOW INJURY OCCURED

SELF INFLICTED GUNSHOT WOUND

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

▶ 05

21

32. REGISTRAR'S SIGNATURE

WRIGHT MO

1991

1 Natural

2 Accident

3 Sulcide
4 Homicide

DONALD G

29a. CERTIFIER

5 Pending

Investigation

6 Could not be determined

1. DECEDENT'S NAME (First Walter	I, Middle, Last)	J.			ockler		2. DATE OF D MONTH May	2. DATE OF DEATH DAY MONTH MAY 22, 1991			3. TIME OF DEATH		
4. SOCIAL SECURITY NUM 212-07-		5. SEX 1. X M 2 ☐ F		yrs. Inst birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS						6. BIRTHPLACE (State or Foreign Country) Maryland		
90. FACILITY NAME (If not Institution, give etrect and number)  North Arundel Hospital						or LOCATION OF D			e. count	TY OF D			
RESIDENCE OF DE	10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	N OR LOCATION					10d. INSIDE CITY LIMITS?		
Maryland  100. STREET AND NUMBER	1	Arund	<u>e 1</u>		10	H. ZIP CODE	adena 122				1 ☐ YES 2 📉 NO  VHAT COUNTRY?		
81.0 2  11. MARITAL STATUS  1 Never Married 2 3 X Widowed 4 Dh	Merried	Street  12. WAS DECEDED FORCES?  IF YES, GIVE	WAR OR DAT		If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 NO Specific	NIC ORIGIN? (Sp			14. RACE	d States		
15. DE (Specify of Elementary/Secondary 1 0 th . gr	CEDENT'S EDU- hly highest grade (0-12) a.d.e	CATION		16a. DECEDENT'S (Give kind of a life. Do NOT us Stoc!	USUAL OCCUPAT work done during m se retired.) kman	ION lost of working		of Busin					
17. FATHER'S NAME (First,						16. MOTHER'S NA	AME (First, Middle	e, Maiden S	umame)				
F  190. INFORMANT'S NAME  Mrs. Myrt			seph	Hock 19b. MAILING 81.0	ADDRESS (Street	Mary and Number or Rural Stree		Oty or Town,		Code)	21122		
4 ☐ Donation 5 ☐ Other			- Me	ametary, crematory adowri	dge Mei	AND ADDRESS OF F	ACILITY						
4 Donation 5 Other 21. SIGNATURE OF FUNER 23. PART I. Enter the	AL SERVICE LIG	complications the	Me	adowri	dge Mei 22. NAME / Mc Ci 3204	Mounta	neral in Roa	Home ad 1	e of Pasa	Pa den	sadena a, Md. 21 Approximate Interval Between Onset and Dea		
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F dlesses or condition	AL SERVICE LIC	DUE TO	et coused used on ee	adowri	22. NAME / Mc C1 3204 not enter the m	Mounta	neral in Roa	Home ad 1	e of Pasa	Pa den	sadena a, Md. 21		
23. PART i. Enter the shock, or immEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leeding to imm cause. Enter UNDERLICAUSE (Disease or intal initiated events	AL SERVICE LIC	DUE TO DUE TO d.	et coused up on ee	adowri	22. NAME / Mc C1 3204 not enter the m	MOUNTA MOUNTA  MOUNTA  MOUNTA  MARKET	ACHITY neral in Roach as cardiac	Home ad 1	e of Pasa mtory srre	Paden	sadena a, Md. 21		
23. PART i. Entey the shock, or immediate or condition resulting in death)  Sequentielly list cond if any, leeding to immediate. Enter UNDERL CAUSE (Followse or in that initiated events resulting in death)  PART II. Other significants.	AL SERVICE LIC  diseases, or cheert failure.  intions, ediete fing jury  ST	DUE TO DU	et coused used on ee	adowri the desth. Do on	22. NAME / MC C1 3204 not enter the m	MOUNTA   neral in Roa ch as cardiac  Part I. 24a  theck only one)	Home ad !	e of Pasa mtory srre	Paden	Approximate Interval Betwee Onset and Dea Approximate Interval Int			
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F dleesse or condition resulting in death)  Sequentielly list cond if any, leeding to immediate chief to impediate or in that initiated events resulting in death)  PART II. Other significations or in the condition of the conditio	AL SERVICE LIC  diseases, or cheert failure.  intions, ediete fing jury  ST	DUE TO  DUE TO  A. DUE TO  DUE	et ceused used on ee	adowri the desth. Do to	22. NAME / MC C1 3 2 0 4 not enter the m	MOUNTA   neral in Roa ch as cardiac  Part I. 24a  theck only one)	Home ad 1 or respiration of the second of th	e of Pasa  atory srre	Paden,	Approximate Interval Betwee Onset and Dea Approximate Interval Int			
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentielly list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations of the condition of th	AL SERVICE LIC  disesses, or cheert failure.  inei  inei  cant condition  TO MEDICAL  Pending investigation  Could not be	DUE TO DU	et coused up on ee of coused up	adowri the desth. Do on	22. NAME AND C C 1 3 2 0 4 not enter the m  Fig. 6  The underlying the control of	MOUNTA   ACHITY neral in Roach se cardiac Part I. 24a 1 [	Home and dependent of the control of	e of Pasa ntory srre	Paden,	Approximate Interval Betwee Onset and Dea Approximate Interval Int			
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentielly list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signification of the cause of the cau	AL SERVICE LIC  disesses, or cheert failure.  inci  itions, ediete fing lury  TO MEDICAL  Pending Investigation  Could not be determined	DUE TO   OF AS A DO (OR AS	adowri the desth. Do on the desth desth. The desth destruction.	22. NAME / MC C1 3204  not enter the m  Pi:-  The control of the c	MO UN T A  MO UN T A  Ode of dying, eve  My GANA   ACHITY neral in Roa ch se cardiac  Part I. 24a  1 [  theck only one)  28d. DESCRII  28f. LOCATIO City or R  te to the cause(e) te to the cause(e) te to the cause(e)	Home and or respiration of the second of the	E of Pasa  Brown arres  WITOPSY  MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Paden,  24b  24b  accuse(	Approximate Interval Between Onset and Dea Approximate Interval Interval Interval Interval				

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIE	
	OEITHI TOATE OF DEATH		J.
DECEMENT'S NAME (First Middle Leet)		2 DATE OF OCATH	

	1 - STATE REGISTRAR	SIMIE OF I	MARTLAND		ICATE				MEN INL	REG. NO.	_			
1	1. OECEOENT'S NAME (First, Middle, Last)								2. DATE O	OEATH			3. TIME OF OEATH	
- 1	CHARLES EDWARD	HALEY						- 1	0.5	29		Q 1	1:15 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		0. BIRTH	IPLACE (State or Foreign	
	215-09-8528	1XX M 2 □ F	83	YRS.	MONTHS 1	DAYS	HOURS	MIN.	01-2	7-08		Count	E ISLAND	
	9a. FACILITY NAME (If not institution, give		0.5		9b. CITY, T	OWN C	B LOCATIO	ON OF DE		7 00	ec col	UNTY OF D		
O.B.	6213 CHESWORTH F						VILLI		AIII			TIMO		
ភ្ជ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Y	_	10c. CIT	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY	
DIRECTOR		IMORE			ATONS								LIMITS?  1 YES 2XX NO	
A I	10e. STREET AND NUMBER					101	ZIP CODE		10g. CITIZE				WHAT COUNTRY?	
띮	6213 CHESWORTH F	ROAD					21228	3			U.	.S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	NT EVER IN U.S., 1 YES 2X WAR OR DATES	NO If yes, specify Cuban, Mexican, Puarto Rican, etc.)						or No-	14. RACI Blac Spec WHI				
입	15. DECEDENT'S EDU (Specify only highest grad		16a.	DECEDENT'S	USUAL OCC	UPATIO	ON of working		16b. P	INO OF BU	SINESS/IN	IOUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Me. Do NOT u	work done du se retired.)	my mo	St OF WORMS	9						
릴		1		MANAGER					MAII				RDER	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	IER'S NAI	ME (First, Mic	ldle, Malden	Surname)			
BEC	CHARLES P. HALEY						FLO	REN	CE WH	EELER				
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (	Street a	nd Number	or Rural F	Route Numbe	City or Tow	n, State, 2	(ip Code)		
2	ELIZABETH HALEY	(WIFE)		6213	CHESV	WOR'	TH RO	)AD	CATO	NSVIL	LE.	MD 2	1228	
	20a METHOO OF DISPOSITION 1 Auriel 2 Cremetion 3 Ren				E OF DISPOS		(Name		DATE	_		- City or To		
	4 □ Donation 5 □ Other (Specify)	novat from State	_ WOOD	LAWN	CEMETI	ERY		(	6/1/91	WOO	DLAW	N, M	D	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. N/	AME A	D ADDRES	S OF FA	CILITY					
	XT AndoN	11 Intet											RAL HOME	
	23. PART I/Enter the diseeses, or	July		donth Do	103	50 1	DMON	IDSUI	N AVE	CATO	NSVI	LLE,	MD 21228	
	ahock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Recar	COR AS A CONS	netas		د	A	s he	efa	I At	len	8 C	Interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):										4			
	PART II. Other aignificant condition	no contribution t	a death but as		In the second	d in order of the	2 12/01	-t t-	Deat I	4s. WAS AN			b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	- Sale againean conduc	- Contributing t		, resulting	in the thic	Jon Lynn	y couse (	Jiven in		PERFOI	RMED?		AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Ä	25. WAS CASE REFERRED TO MEDICAL					00 0	100.00.0	EATH ON	out auto au					
ᅙ	EXAMINER?	HOSPITAL:		11	OTHER:		LACE OF D	EATH (Ch	eck only one	- 111				
XS	1 YES 2 NO	1 Inpatient 2		1			$\rightarrow$	sidence	8 🗆 Other					
ВУ РН	27. MANNER OF DEATH  1 Vesturat 5 Pending 2 Accident Investigation		Day, Year)	28b. Til	ME OF 2	WC	URY AT DRK? YES 2	] NO	28d. DE\$0	RIBE HOW	INJURY O	CCURED		
	3 Suicide 6 Could not be determined	28a. PLACE building	OF INJURY — At g, stc. (Specify)	home, farm,	street, factor	ry, offic	•			TION (Street Town, State		oer or Rural	Route Number,	
COMPLETED	one) 2 MEOICAL EXAMIN	_//											(a) and manner as stated.	
BE	29b. SIGNATURE AND ITSEE OF CENTIFIC	my,	NOD				29c. LIC	S S	MBER 7		29d. D	S/2	9/9/	
임	PAUL GORMLEY M. B		OO CATOL			BALT	IMOR	Е. М	1D 21	.229	J			
	31. DATE FILED (Month, Day, Year)	a 32. REGISTE	AR'S SIGNATUR	E				-,	41					
	MAY 3 0 1991	Tre la Davido	ion-Randa	20				_						

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR

1 -

TO BE COMPLETED BY FUNERAL DIRECTOR

James Benjamin H	OPKINS		MONTH DAY	9/EAR 920 M
4. SOCIAL SECURITY NUMBER 5. SEX 6.	MON		7. DATE OF BIRTH (Month, Dey, Yber) 1 9 1	- 8. BIRTHPLACE (State or Foreign Country)
	15 YRS.		8-20-X家家	MD.
				May 21047
RESIDENCE OF DECEDENT			<i>2.</i> 130(11)	9
Maryland Harford				10d. INSIDE CITY LIMITS? 1 YES 2 NO
1534 Main Street		101. ZIP CODE Z ( \ 6 0	10g. C	USA
11. MARITAL STATUS  12. WAS DECEDENT I FORCES?	YES 2 NO	It yes, specify Cuban, Mexico	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND OF BUSINESS/I	NDUSTRY
Elementary/Secondery (0-12) College (1-4 or 5+)	_		RAILROAD	
17. FATHER'S NAME (First, Middle, Laet)  BENJAMIN R. HOPKINS				,
190. INFORMANT'S NAME (Type/Print)  MILDRED HOPKINS				
20a. METHOD OF DISPOSITION  1 X Burial 2 Cremetion 3 Removal from Stata	other place)		100	ALTERNATION OF THE PROPERTY OF
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	I EMURY	22. NAME AND ADDRESS OF FA		יעון יו.
rolen D. Tellett		HARKINS F.	INC., DEL	TA, PA., 17314
shock, or heert fellure. List only one ceuse IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	O Mary Caro R AS A CONSEQUENCE OF):  R AS A CONSEQUENCE OF):			Approximate Interval Between Onset and Death  12 Affects  7/0 475 -
PART II. Other significent conditions contributing to d	eath but not resulting in t	he underlying cause given in	Part I. 24a. WAS AN AUTOPS PERFORMED?  1 YES 2 NO	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		THER:		
27. MANNER OF DEATH 28a. DATE OF III	FR/Outpatient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA	Nursing Home 6 Residence F 28c, INJURY AT		OCCUREO
1 Natural 6 Pending (Month, Dey. 2 Accident Investigation	Year) INJURY	M 1 YES 2 NO		
3 Suicide 6 Could not be 4 Homicide determined	INJURY — At home, farm, atree c. (Specify)	it, factory, office	26t. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,
one) 2 MEDICAL EXAMINER: On the basis of exa				
SOCIAL SCURING MOREON  SOCIAL SCURING MOREON  SOCIAL SCURING MOREON  TO 3 - 0.5 - 7.93 5 1/2 × 2 1 7 7 18.0 A CORP.  TO 3 - 0.5 - 7.93 5 1/2 × 2 1 7 7 18.0 A CORP.  TO 3 - 0.5 - 7.93 5 1/2 × 2 1 7 7 18.0 A CORP.  TO 3 - 0.5 - 7.93 5 1/2 × 2 1 7 7 18.0 A CORP.  TO 3 - 0.5 - 7.93 5 1/2 × 2 1 7 7 18.0 A CORP.  TO 3 - 0.5 - 7.93 5 1/2 × 2 1 7 7 18.0 A CORP.  TO 3 - 0.5 - 7.93 5 1/2 × 2 1 7 18.0 A CORP.  TO 3 - 0.5 - 7.93 5 1/2 × 2 1 7 18.0 A CORP.  TO 3 - 0.5 - 7.93 5 1/2 × 2 1 7 18.0 A CORP.  TO 3 - 0.5 - 7.93 5 1/2 × 2 1 7 18.0 A CORP.  TO 3 - 0.5 - 7.93 5 1/2 × 2 1 7 18.0 A CORP.  TO 3 - 0.5 - 7.93 5 1/2 × 2 1 7 18.0 A CORP.  TO 3 - 0.5 - 1.0 A CORP.  TO 3 - 0.5 A CORP.  TO		-		
0 . 0 . 1 0 . 10 .	4		12/047	
31. DATE FILED (Month, Dey, Year) 32. REGISTRAR		- 1101211 122		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

14559

DHMH-16 Rev 1/89

BOX 68760,
P.O. E
Ś
RECORD
VITAL
OF
SION
DIVISIO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 moust after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notfled at once.
---

BE COMPLETED BY

2

4 Homicide

						91 14560						
	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)				2. OATE OF OEATH MONTH DAY	3. TIME OF DEATH						
	WALTER	S. HA	RRISON		5- 27-	91 M						
	10. 10 0	1	4	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dey, Year)	6. BIRTHPLACE (State or Foreign Country)						
	220-22-7854	1 JM 2 DF 6	3 YRS.	NITHS DAYS HOURS MIN.	1-14-26	N.C.						
	9a. FACILITY NAME (If not institution, give stre	et and number)	9	L CITY, TOWN OR LOCATION OF O	EATH 9c. CO	DUNTY OF DEATH						
5	3142 ELMORA	AVE.		BALTIMORE								
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c CITY I	OWN OR LOCATION		10d. INSIDE CITY						
DIMECTOR	M.D.			TIMORE		LIMITS?						
	10e. STREET AND NUMBER		DAL	101. ZIP CODE	100.0	CITIZEN OF WHAT COUNTRY?						
EHAL	5509 STONINGTON	T A 7775			109.	The state of the s						
2	11. MARITAL STATUS	12. WAS DECEDENT EVER I	NII O ADMED	21207	NIC ORIGIN? (Specify Yea or No-	US - I 14. RACE — American Indian.						
BY FUN	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Tuben, Mexico	an, Puerto Rican, atc.)	Black, White, etc.  Specify:						
ED B					I	BLACK						
"	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most of working	16b. KIND OF BUSINESS/	INDUSTRY						
	Elementary/Secondary (0-12)	College (1-4 or 5+)			TAU ENEO	DCEMENT						
COMPL	12   SECURITY GUARD LAW ENFORCEMENT  17. FATHER'S NAME (First, Middle, Meiden Surneme)											
	- Ames HARRISON KOXANN HARRISON											
M M	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
2	MARGARET HARRI	SON	5509 STONINGTON AVE. BALTO., M.D. 21207									
	20a, METHOD OF DISPOSITION	20	- City or Town, State									
	X☐ Buriel 2 ☐ Cremetion 3 ☐ Remore 4 ☐ Donation 5 ☐ Other (Specify)	ral from State	of cemetary, crematory or other place) GARRISON FORREST VET. 5/30 OWINGS MILLS. M.D.									
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AND ADDRESS OF FA								
	Il simport	POSI		DEDD BUNEDA								
	23. PART I. Enter the diseases, or co	omplications that cause	d the death. Do not		- V - V - V - V - V - V - V - V - V - V	N. MONROE ST.						
	ahock, or heert fellure. L			the mode of Lying, sale	on as cardiac or respiratory	Interval Between						
	IMMEDIATE CAUSE (Final disease or condition	Darka a.			INFACTIO	Onset and Death						
	resulting in death)	*	A CONSEQUENCE OF:	THE GIAL								
	_											
HIFICALION	Sequentially list conditione,  DUE TO (OR AS A CONSCOUENCE OF):											
₹	if any, leading to immediate cause. Enter UNDERLYING											
Ĭ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS .	A CONSEQUENCE OF):									
	resulting in death) LAST	•										
၁၂	PART II. Other significant conditions	contributing to death i	but not resulting in	the underlying cause given in	Part I. 24s. WAS AN AUTOP	SY 24b, WERE AUTOPSY FINDINGS						
3		, and the state of	out not recording in	are underlying course given in	PERFORMED?	AMILABLE PRIOR TO						
					1 TYES 2 NO	OF DEATH?						
Σ						1 TES 2 NO						
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		7	26. PLACE OF DEATH (C	beck only one)							
2	EXAMINER?	HOSPITAL:		THER:	and the second second							
H	27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28e, OATE OF INJURY			100 8 ☐ Other (Specify)  28d, OESCRIBE HOW INJURY OCCURED							
	1 Aatural 5 Pending	(Month, Day, Year)	INJUR	WORK?  M 1 YES 2 NO								
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y — At home, farm, str		28f. LOCATION (Street and Num	nber or Rural Route Number,						
	3 Suicide 8 Could not be	building, etc. (Sor	nethy)		City or Town, State)							

29a. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

29c. LICENSE NUMBER

Do 53 53

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MOHAMMAS INAYAT ULAH

31. DATE FILEO (Month, Day, Year)
MAY 3 0 1991 32. REGISTRAR'S SIGNATURE

8 Could not be determined

29b. SIGNATURE AND TITLE OF CERTIFIER

OHMH-18 Rev 1/89

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Morith, Day, Year) 51 29 191

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OHAL OF I	CEF	RTIF	ICATE OF	DEATH	MEN IA	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	NY .	YEAR	3. TIME OF OEAT	н
Katrina		Ivy				05	26		1991	3:20	P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bi		MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	(Mont	OF BIRTN	_	8. BIRTN Countr	IPLACE (State or Fo	reign
240-01-6071	1 M 2 F	80	YRS.				-18-1			N.C.	
9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN O	R LOCATION OF D	EATH		9c. COU	INTY OF D	EATH	
607 Bridgeview	Road			Cherry	Hill			Balt	imor	e City	_
10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCAT	IDN					10d. INSIDE CITY	
MD			В	ALTIMOR	E, CI	ΤY				1 □X ¥\$ 2 □	ND
100. STREET AND NUMBER 607 BRID	GEVIEW	RD. APT	- E	101	21225				USA	F WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. ARME I YES 2 YO MAR OR DATES	ED	If yes, sp	ENDENT OF HISPAI ocity Cuben, Mexico 2 (ND Specif	en, Puerto	N? (Specify Yes Rican, etc.)	or No—	Black	RACE — American Indian, Black, White, etc. Specify: BLACK	
15. DECEDENT'S ED! (Specify only highest grad	JCATION is completed)	16a. DECE	OENT'S	USUAL OCCUPATIO	N st of working	168	. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done during mo							
12th		FA	CT	ORY WOR							
17. FATHER'S NAME (First, Middle, Lest)  ALEXANDER MA	DADLE				18. MOTNER'S NA		Middle, Maiden	Surname)			
<u></u>	TADLE				ROSE						_
19a. INFORMANT'S NAME (Type/Print)  MAXINE HOPKI	ALC.			ADDRESS (Street a						01001	
				1 SUSSE		/ DAL				CICLI own, State	
20g. METNOD OF DISPOSITION  1 Depute 2 Cremation 3 Ref 4 Donation 5 Dotter (Specify)	novel from State	of cemetary, cr	remator	S MEMOR		1	RY AR				
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE A	- 1 ANDU	110		D AODRESS OF FA		K A	BUI	05,	ויוט .	_
WM.C. MARCH F.H. 1101 .E NORTH AVE.  23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate											
disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	O OR AS A CONSEQUE	ENCE (	OF):	JOVASU	Low	dise	NSC -			
PART II. Other eignificant condition	d	death but not res	uiting	in the underlyin	g cause given in	Part i.	24a. WAS AN PERFO		241	b. WERE AUTOPSY F	TO
						_	THES :			OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		3 4 5 5	OTHER:	LACE OF DEATH (C						
1 XYES 2 ND	1 Inpetient 2	ER/Outpatlant 3	26b. TI		NO 5 A Residence	_	er (Specify) SCRIBE NDW	IN RIPY O	CHIPED		
1 Natural 5 Pending	(Month, i	Day, Year)	IN	JURY W	YES 2 NO	200. 00	SCHIBE NOW	INJUNT O	COMED		
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY At home	e, farm,			26f. LO	CATION (Street	and Numbi	er or Runal	Route Number,	_
4 Homicide 6 Could not be determined	building	, etc. (Specify)				City	or Town, State	)			
29a. CERTIFIER (Check only one) 1 CERTIFYING PNY 2 MEDICAL EXAMIP		of my knowledge, deat								(a) and manner as (	Mated
2 10 SIGNATURE AND TITLE DF CERTIFI			_		29c. LICENSE NU			-		D (Month, Day, Year)	
Mount one	yha.	JSE OF DEATN (ITEM	27) (Non	a. Print)	O.C.M.						991
MANIONA	1. 1/4200	N W.A			Charact	D . 1 .		<b>M</b>	1	01001	
31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	Į	II Penn	street.	balt	ımore	Mary	land	21201	
30. NAME AND ADDRESS OF PERSON W	) - W No.	· W		e, Print) 11 Penn			imore				, 3

ansit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BLH

RANGE THE REAL PROPERTY AND THE WAR

MAND 21203-3146

BALTIMORE, MAI

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	- REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR	3. TIME OF DEATH										
	(Mart 0-1)	THPLACE (State or Foreign intry)										
	98. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF	iew Orleans										
TOR	BSH RESIDENCE OF DECEDENT	DEATH										
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  Ba (+)	10d, INSIDE CITY LIMITS? 1 YES 2 NO										
FUNERAL (		F WHAT COUNTRY?										
BY FUNI												
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do NOT use gradient)  16b. KIND OF BUSINESS/INDUSTRY	DACOL										
COMPLETED	Elementary/Secondary (0-12)  College (1-4 or 5 +)  17. FATHER'S NAME (First, Middle, Last)											
5 m	Behjamin Pope Dorothy Copez											
TO BE	Bernard Joseph 925 Poplar Grove St Balto	rd 2/2/6										
	20s. METHOD OF DISPOSITION  1 Of Burlel 2 Cremation 3 Removal from State  20s. PLACE OF DISPOSITION (Name of cornetery, crematory or other place)  20s. PLACE OF DISPOSITION (Name of cornetery, crematory or other place)  20s. PLACE OF DISPOSITION (Name of cornetery, crematory or other place)  20s. PLACE OF DISPOSITION (Name of cornetery, crematory or other place)  20s. PLACE OF DISPOSITION (Name of cornetery, crematory or other place)											
avenue a	Bernal D James And Address of Facility  Bernal D James And Address of Facility  Land F, H Wat A											
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  Onset and Death											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  248. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO										
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
≚	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence S Other (Specify)  27. MANNER OF DEATH 1 Natural 6 Pending  28a. DATE OF INJURY (Month, Dey, Hear)  28b. TIME OF INJURY AT WORK? 1 VES 2 NO  4 Nursing Home 5 Residence S Other (Specify)  28b. TIME OF INJURY AT WORK? 1 OF INJURY AT WORK?											
TED BY PH	2 Accident Investigation 3 Suicide S Could not be determined Set. Could not be determined Investigation Street Set. Specify Set. Sec. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28f. LOCATION (Street and Number or Run City or Town, State)	raf Route Number,										
MPLE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s).	se(s) and manner as stated.										
TO BE CO	296. LICENSE NUMBER 29d. DATE SIGN 5 5	29 9 9										
F	BELL DE VO	OVAL TO										
	31. DATE FILED (Morrit), Day, Year)  32. REGISTRAR'S SIGNATURE	o St. 114.2										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	<b>MENTAL HYGIENE</b>
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF M. REGISTRAR		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.								
	1. OECEDENT'S NAME (First, Middle, Last)  Myiesha	Tichelle	Johnson	May 27, 1991		OF DEATH						
	4. SOCIAL SECURITY NUMBER  CHILD  1 □ M 2 ☒ F		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN, 2 4	7. DATE OF BIRTH (Month, Day, Year) May 27, 1991	8. BIRTHPLACE (Country)	State or Foreign						
IOR	9e. FACILITY NAME (If not institution, give street end number)  Maryland General Hospital RESIDENCE OF DECEDENT		9b. CITY, TOWN OR LOCATION OF DE Baltimore Cit		OUNTY OF GEATN							
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d 10d 11 10d											
FUNERAL	100. STREET AND NUMBER 2042 LINDEN AVENUE.	10f. ZIP COOE 21217										
BYFU	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS OECEDENT FORCES? 1 [IF YES, GIVE WAS NOT	EVER IN U.S. ARMED YES 2 NO AR OR OATES	NAMED (NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— Hi yes, specify Cuben, Mexican, Puerto Rican, etc.)  14. RACE — Ameliack, White Specify:  Specify:									
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Child  College (1-4 or 5+)	(Give kind of wo	JSUAL OCCUPATION ork done during most of working retired.)	18b. KIND OF BUSINESS/	INOUSTRY							
BE COMF	17. FATHER'S NAME (First, Middle, Last) EDDIE JOHNSON JR.			ME (First, Middle, Melden Surneme LA FLETCHER								
TO B	190. INFORMANT'S NAME (TYPO/PFINI) EDDIE JOHNSON JR.	2042	ADDRESS (Street and Number or Rural LINDEN AVE.,			17						
	20s. WETHOD OF DISPOSITION 1 \( \tilde{O} \) Burla! 2 \( \tilde{C} \) Cremetion 3 \( \tilde{O} \) Removal from State 4 \( \tilde{O} \) Donation 5 \( \tilde{O} \) Other (Specify)	VOSHELL	MEMORIAL GARI	DENS BALTIN	ORE, MD							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		WM.C. MARCH	H F.H. 1101	E. NORT	H AVE.						
	disease or condition resulting in death) a	C ARREST	×A-		le O	pproximate iterval Between nset and Death						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
A	PART II. Other significant conditions contributing to d	deeth but not resulting in	the underlying cause given in	PERFORMED?	AWAJLAI	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE						
PHYSICIAN: MEDIC				1 _ YES 24 NO	0, 55	TH? ES 2 - NO						
SICIAL	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2CXNO  1 Inpatient 2  ER/Outpetient 3  DOA  4  Nursing Nome 5  Residence 8  Other (Specify)											
ВУ РН	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	ny, Year) INJU	M 1 YES 2 NO	28d. DESCRIBE NOW INJURY								
	4 Homicide determined building, a	FINJURY — At home, farm, st etc. (Specify)	City or Town, State)	d Number or Rural Route Number,								
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the basis of ex		n, in my opinion, death occured at the	time, data end place, end due t	o the cause(e) and m							
TO BE	206. SIGNATURE AND TITLE OF CERTIFIER  70. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	E OF DEATH (ITEM 27) (Type,	29c. LICENSE NU 3018	MBER 344.1	5/27/9	Day: Vear)						
	31. DATE FILED MOQUIN, Day, Volor) 32. REGISTRAI	MD 85 R'S SIGNATURE	7 Lincen Ave	- Baltimore	212	.01						
	MAY 3 0 1991 fuller Sevids	on-Alaphae				DHMH-16 Rev 1/89						

91-2817-510

1 -	FOR STATE REGISTRAR	
1 -	STATE	

1 - STATE REGISTRAR	SIAIE UF N		RTIF	ICATE OF	DEATH		EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last						2. DATE OF D	DEATH	YEAR	3. TIME OF DEATH	
Martha	М.	$JJ_{l}$	eni	fer		05	26	1991	6:58 P	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last be	irthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, Day	IRTH Manch	6. BIRT	HPLACE (State or Foreign	
220-30-6050	1 🗆 M 2 🖵 🗲	59	YRS.	MONTHS DAYS	HOURS MIN.		32	Vi	rginia	
9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN D	A LOCATION OF D	EATH	9c.	COUNTY OF		
Shock Trauma Cen	ter			Baltin	nore		Ва	Baltimore City		
10a. STATE 10b. COUN	TY	1	10c. CIT	Y, TOWN DR LOCAT	IDN				10d, INSIDE CITY	
Maryland no	ne		Bol+ima	ma Oit				LIMITS?		
10e. STREET AND NUMBER	110		Baltimo	ZIP CODE	L.y			WHAT COUNTRY?		
708 Agusta	Avenue		212							
11. MARITAL STATUS		T EVER IN U.S. ARME					pecify Yea or N		ed States	
1 Never Married 2 Merried		YES 2 TNO		If yes, sp	2 ND Specific	an, Puerto Rican	, etc.)	Blac Spe	E — American Indian, ck, White, etc. city:	
3 Widowed 4 Divorced Separated								NE	GROID	
15. DECEDENT'S ED (Specify only highest gre-		(G/ve	kind of 1	USUAL OCCUPATION	N at of working	18b. KIN	D OF BUSINES	S/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 -	.)		se retired.)	OWNERS.					
8th grade	none		Sup	ervisor		Acr			rp.	
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA			me)		
John Gaines					Matti					
19a. INFORMANT'S NAME (Type/Print)	-			ADDRESS (Street a						
Margaret Mile	S			Agusta						
20g METHOD OF DISPOSITION 1 LA Burial 2 Cremation 3 Re	moval from Stala			e of disposition Park	5/31/	1	20c. LOCATIO			
4 Donation 5 Other (Specify)  21. SIGNATUBE OF FUNERAL SERVICE 1	- Constant	_ ј поиас	)11 -						Maryland	
Pali R.	Jan.	mal	_	"Cal	Vin B.	Scrug	ggs Fi	nera	l Home .Md. 2121	
Sequentielly liat conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	b		DR AS A CONSEQUENCE OF):							
that initiated events resulting in death) LAST	d	UN AS A CONSCIUENCE DF):								
PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?  1 XYES 2 - ND									b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
25. WAS CASE REFERRED TO MEDICAL			_	00.00	ACE OF DEATH #	ht				
EXAMINER?  1 X YES 2 ND	HOSPITAL:	☐ ER/Outpatient 3 ☐		OTHER:	ACE OF DEATH (C					
27. MANNER OF DEATH	28a. DATE DE		28b. TIN		e 5 Residence		BE HOW INJUR	V OCCUPED	31.4	
1 Natural 5 Pending	(Month, E	Pay, Year)	IN	JURY WO	RK?	_				
2 Accident Investigation		26 1991   OF INJURY — At home		0PM 1 -	A				/auto impac	
3 Suicide 6 Could not b 4 Homicide determined	building,	etc. (Specify)	u, 1arm,	street, factory, offic		261. LOCATION (Street and Number or Rural Route Number, City or Town, State) Rt., 40 WEST&NORWOOD 40 West and Norris Drive				
anal and	/SICIAN: To the best of NER: On the bests of a					e to the cause(s	) and manner	es stated.	(a) and manner se stated	
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Morrith, Day, Year)  0. C.M.E.  05 28 1991										
DOUALD G. WRIG		SE OF DEATH (ITEM	27) (Type	Don			nt MD		nd 21201	
31. DATE FILED (Month, Day, Year)	32 REGISTRA	A Pandelle		. II I CIII		, Darri	more r	ary Id.	10 E1EUI	
MAY 3 0 1991	while Davidson	-Manaeac								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The investment transfer deep certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been been to the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89 BLH

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**ORE. MARYLAND 21215-0020** 

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BOX 68760,	
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S, P.O.	
RECORDS, I	
I OF VITAL	
DIVISION	

FOR STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Deborut 28 ) 5 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER t YEAR 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. DAYS HOURS MIN. 4 1 - M 2 VF permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR hIV. city hmore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a, STATE 10b. COUNTY Belt more md 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 42 in by the funeral director, page 5 should be detached for use as the burial-transit removal. France 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES tro Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 61 pleyed UNEM once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surneme) to BE NWIR notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Staff 2 715 MILLIE 20e. METHOD OF DISPOSITION pe 20b. PLACE AND DATE OF DISPOSITION (Name OATE 20c. LOCATION - City or Town, State must rial 2 Cremetion 3 Removal from State 5-29 Western Stor 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY death. Carolina Lunera arel executed within 24 nours after medical es, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate filled in by ahock, or heart fellure. List only one ceuse on eech lina. Interval Between 0 **Onset and Death** IMMEDIATE CAUSE (Final this certificate has been signed by the attending physician and completely fille with the State Dept. of Health and Mental Hygiene prior to burial, cremation, riked, or Item 23 shows any Injury, or other traumatic event, the disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) eroderma 1041S CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 200 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b, WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL that 1 - YES 2 NO requires 1 1 - YES 2 - NO PHYSICIAN: ME 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OR ATTENDING PHYSICIAN: The EXAMINER? HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 🗆 Nui g Home 8 🗆 Residence 6 🗆 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Schatural 8 Pending TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is marke M 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 🔲 Homicide 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9 2 nev 2120 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) MAY 3 0, 199

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGI REG.							
	1, DECEDENT'S NAME (First, Middle, Last)  Marie	Catherine	Krai	ger	2. DATE OF DEATH	DAY Y	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 219-01-3622	1 🗆 M 2 🖄 F	86 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 1/16/19)	05	BIRTHPLACE (State or Foreign Country) Mississippi					
HOL	96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF GEATH  96. COUNTY OF  Baltimore City  N/A											
DIMECTOR	Maryland N/A	ΤΥ		rown or Location imore (Brook)	yn)	10d. INS LIM 1 🔀 YE						
LONEHAL	4114 Mariban C			101. ZIP CODE 21225			USA					
2	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 X Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 X NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 YES 2 X NO Spec	can, Puarto Rican, alc.		I. RACE — American Indian, Black, Whita, etc. Specify: White					
רבוכה	15. DECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)	BUSINESS/INDUS										
COMPLE	11th Grade  17. FATHER'S NAME (First, Middle, Last)  Raymond		Ketire Kraiger		Tarr HAME (First, Middle, Ma Prine Gie	iden Surname)	Glass Co.					
IO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, Stella, Zip Code)  Mr. Joseph Fleury  1327 Ramsay St., Baltimore, Md. 21223											
	20s. METHOO OF GISPOSITION 1A Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Competency). 20b. PLACE AND DATE OF DISPOSITION (Name of Competency). 20c. LOCATION - City or Town, So of Competency or other (Specify).  20c. LOCATION - City or Town, So of Competency or other place).  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or other place.  20c. LOCATION - City or Town, So of Competency or Competency or other place.  20c. LOCATION - City or Town, So of Competency or Competency											
	21. SIGNATURE OF FUNERAL SERVICE L	<sup>ICENSEE</sup> Kevir	E. Ecker	McCully Fund 237 E. Patar	eral Home	of Broo Balto.	klyn , Md. 21225					
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Arteriosclerotic Cardiovascular Disease  DUE TO (OR AS A CONSEQUENCE OF):											
CENTILIZATION OF THE PROPERTY	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other eignificant condition	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
AN.	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (		uiry	10.000					
PHYSICIAN:	EXAMINER?  Yas 2 No	HOSPITAL:	ulpatient 3 DOA 4	OTHER:	_							
10 PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation			M 1 YES 2 NO	1	OW INJURY OCCU						
בונה	3 Suicide 8 Could not be determined	building, etc. (S	pecify)	oot, tactory, office	City or Town,	State)	r Rural Route Number,					
COMPLEIED	(Orbon Orly)			at the lime, date and place, and d in my opinion, death occured at 1								
DE C	29b. SIGNATURE AND TITLE OF CERTIFIE	ER , , ,		29c. LICENSE N	UMBER	29d. DATE	SIGNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	O.C.M.	Ε,	5-	-28-91					
	Donald G. Wrig	ht M.D.			St. Balt	imore,2	1201 Md.					
	MAY 3 0 1991 4	32. REGISTRAR'S S										

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										9		4567	
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAI					MENTAL	HYGIEI REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)  NORA B KU	NORA B. KUNDE	RATIC					2. DATE (	OF DEATH	5-21-	91EAR	3. TIME OF DEATH  9. 35 P. M	
	4. SOCIAL SECURITY NUMBER 219-22-3575	5. SEX 6. AGE (In yrs.		IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (	Day Yearl	28	6. BIRTH County	PLACE (State or Foreign arolina	
E E	9a. FACILITY NAME (If not institution, give et				r, TOWN O				-11-08. Carolin  10. COUNTY OF DEATH  Baltimore.			EATH	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		10c. CI	TY, TOWN	OR LOCAT	ION	,			1000	10d. INSIDE CITY		
AL DI	10e. STREET AND NUMBER		BA	IL I II	ORE 10f	ZIP COD	-					1XXYES 2 NO	
FUNERAL	3901 FAIRHAVEN A	12. WAS DECEDENT EVER IN U.S.	ARMED	13.		ENDENT C			? (Specify Y		14. RACE	— American Indian,	
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES AND IF YES, GIVE WAR OR DATES	( <del>)</del> (40		1 Tyes, spe			in, Puerto R y:	Ican, atc.)		Speci		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	Give kind of life. Do NOT U	work done use retired.)	during mo	ON st of worldi	ng		OMES	USINESS/IN	DUSTRY		
	17. FATHER'S NAME (First, Middle, Last)												
TO BE	190. INFORMANT'S NAME (Type/Print) KAREN WOZNIAK, EMI	MANUEL OUTREAC	19b. MAILIN	G ADDRES	S (Street a	ST.	or Aurel I	Aoute Numb	or, City or To	wn, State, Zi MD 21	226		
	20a. METHOD OF DISPOSITION  1X_MBurlel 2	oval from State of camet	dar H	in other	cemet	ery			4 Ba		ore,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Saua	ge	1 2	2000° 37 E	PA	UNER TAPS	CO AV	OME O	F BRO ALTIM	OKLYI	N MD 21225	
	IMMEDIATE CALIFE (Final	Liet only one cause on sech i	lne.								rreat,	Approximate Interval Between Onset and Death	
	resulting in death)	DUE TO (OR AS A CON	Massive Gastro-Intestinal Bleeding DUE TO FOR AS A CONSEQUENCE OF: Probable From Dagdenson.										
MOIT	If any, landing to immediate	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significant condition	is contributing to death but no	ot resulting	In the u	ndarlyin	g cause	given in	Part I.		N AUTOPSY	24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
PHYSICIAN: MEDICAL	Hypertensine	atherische Degoussati	rolic	He	art	Dis	e98	۲.	1 TES	2 NO		OMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	up (	OTHE	R:	-		neck only on					
	1 VES 2 NO  27. MANNER OF DEATH  Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TI		28c. INJ WC	URY AT		6 C Other		/ INJURY O	CCURED		
FED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A: building, etc. (Specify)								LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	anal	ICIAN: To the best of my knowledge										e) and manner ee stated.	
TO BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER						ENSE NUI			_		(Month, Day, Year)	
Jan 1	30. NAME AND ADORESS OF PERSON WH	O COMPLETED CAUSE OF DEATH /	TEM 27) /3/	Delett									

completeo cause of Death (ITEM 27) (Typos. Print)
u, Harbor Hospital Center

32. REGISTRAD'S SIGNATURE

MD 21230.

Baltimose

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the house	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by filed within 72 hours after clearly with the State Deut, of Health and Mental Hydiere prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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је 6 тау	irector, pa	must b	
death. Pag	funeral d	examine	
ours after	I in by the	nedicai	ŀ
rithin 24 h	letely filled	int, the	
executed w	and comp	natic eve	
ficate be e	physician ne prior to	ner traun	
seath certi	attending mtal Hygie	ry, or oth	
that the	th and Me	any Inju	
w requires	been sign	3 shows	
AN: The la	ificate has	r item 2	
PHYSICI/	r this cert	arked, o	
TTENDING	TOR: After deat	28 Is m	
ITAL OR A	3AL DIREC	If item	
THE HOSP	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dect of Health and Mental Hydiene prior to burial, cremation, or removal.	PORTANT	
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ial-transit permit. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR		STATE OF I	WARYLAND A	DEPAF	RTMENT	OF H	IEALTH DEA	AND I	MENTA	L HYGIEN		1 1	4568			
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH		3	TIME OF DEATH			
	Gloria Jea	n Lit	+10							MONT	lay 29	1001	YEAR	1:45p.m. M			
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.		OF BIRTH	-		ACE (State or Foreign			
æ	216-56-5865		t □ M 2 🛛 F	42	YRS.	MONTHS	DAYS	HOURA	MIN.	Apr	il 26	,1949	Country) Ma	ryland			
										EATH							
0	8915 Flagst		rcle			R	anda	allst	own			<u> </u>	Balti	more			
E C	10a. STATE	10b. COUNTY	,		10c, CI1	ry, TOWN C	OR LOCAT	TION					T 10	Dd. INSIDE CITY			
E	Maryland	An	ne Arund	101	el Glen Burnie									LIMITS?			
-	10e. STREET AND NUMBER			.01	`	32011		. ZIP COD	E			10g. CITIZI					
R	257 Woodo	ak Con	rt						210	161		Und+	-04 6	totoo			
Z I	11. MARITAL STATUS	ak oou		IT EVER IN U.S. AI	RMED	13	WAS DEC	ENDENT			12 (Specify Var						
四	1 Never Married 2	Married	FORCES?				If yes, sp	ecify Cubi	n, Mexica Specifi	in, Puerto I	Rican, etc.)	101110					
BY	3 Widowed 4 Divo	roed	IF YES, GIVE	MAR OH DATES			1 🗌 YES	2 Z NO	Specin	у:							
	15. DEC	EDENT'S EDU	CATION	16a. D	ECEDENT'S	S USUAL O	CCUPATION	ON		16b	KIND OF BU	SINESS/INDU		astan			
E	(Specify onl	y highest grade	completed) College (1-4 or 5	4)	Give kind of a. Do NOT u	work done retired.)	during mo	at of worki	ng	1000							
7	Lientenia y occorda y (c		ollege E		nside	e Sal	es				Conti	nental	Foo	de			
NO	17. FATHER'S NAME (First, M		ozzege z			Dai		16, MOT	HER'S NA	ME (First. )			100	45			
Ö		ACCOUNT COLUMN	ward Mag	gio									r				
	19a. INFORMANT'S NAME (				DE MAILIN	G ADDRES	R /Street s	and Mumba	e or Rumi i	Druste Alum	has City or Tour	m State 7in /	Cardal				
2	Mr. Billy R		+10											1			
	204, METHOD OF DISPOSIT		LIC	20b. PLAC					LE 61								
	1 Burial 2 Cremetic	n 3 🗆 Rem	oval from State	of comotan	v crometor	y or other r	decel		1 (								
	4 Donation 5 Other  21. SIGNATURE OF FUNERA	,	ENSEF	Lake	view	Memo	ria.	L Pal	CK D/	1/91	Syke	SSATTI	.e,Ma	ryland			
		0/	200			Lo	ring	Bye	ers	uner	al Di	rector	s, I	NC.			
	Loone	7.10.1	fellere	1													
NO	iMMEDIATE CAUSE (Fit disease or condition resulting in death)	nsi	b	en Con	equence of	OF):	7/12	ilai	lau	)	-			Interval Between Onset and Death			
FICATI	ouse. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):																
E	resulting in death) LAS	T	4														
2			<b>.</b>										_				
: MEDICAL	PART ii. Other significe	ent condition	e contributing to	death but not	resulting	in the u	nderiyin	g cause	given in	Pert i.	PERFO	RMED?	C	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AN	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF	DEATH (CA	neck only o	ne)		_				
S	EXAMINER?		HOSPITAL:	T EBROWS - Mari	2 🗆 224	OTHE	R:	V			- 4 4						
ΙXS	27. MANNER OF DEATH		28e. DATE O	ER/Outpatient	-	4 🗆 Nu		JURY AT	lasidence	_		N H III	IDEO				
		Pending	(Month,	Day, Year)	28b. TII	JURY M	W	ORK?	7 110	280. DE	A. DEGORDE NON INVONT OCCURED						
ВУ	2 Accident	Investigation							NO								
ETED	3 Suicide 6 4 Homicide	Could not be datarmined	building	OF INJURY — Al h , atc. (Specify)	iome, rerm,	Street, fac	tory, orre	:0					or Hural Hou	ne Number,			
	one)													and manner as stated.			
BE	201. SHIMATUME AND TITLE	CONTRACTOR OF CO	tukal	m_					ENSE NU		B)	29d. DATE	SIGNED (N	Hongh, Day, Year)			
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAN	USE OF DEATH (IT	EM 27) (Typ	ne, Print)	Bu	lt.	MI	2	122	9					
	31. DATE FILED (Month, Day,		1 0	AR'S SIGNATURE				- (	- 40(		9c. COUNTY OF DEATH Baltimore    10d. INSIDE CITY LIMITS?   1						
	MATOUS	131	Julia David	son-yande									- 1				

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City Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hour be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	TALL OF MAILLE	CERTIF	ICATE		DEATH		EG. NO.	•			
	1. DECEDENT'S NAME (First, Middle, Last)	FALLAR	ne	LAV	110		2. DATE OF E	DEATH DAY	/ / YE	3. TIME OF DEATH		
		EOWAK			-		5/	23	191	8 22 Am.		
	1.0	SEX 8. AGE (II	76 YRS.	IF UNDER 1	DAYS	HOURS MIN.	7. DATE OF B (Morry), Day	y, Year)	- 9	BIRTHPLACE (State or Foreign		
	Sa. FACILITY NAME (If not institution, give street	and number)	1	9b. CITY,	TOWN OF	LOCATION OF DE		7.1	9c. COUNTY	OF OEATH		
OR		OSPITAL		BAC	HIH	ORE CIT	Y		BACT	THORE		
ᇈ	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c CIT	Y, TOWN OF	R LOCATH	nw				10d. INSIDE CITY		
DIRECTOR	MO,			ALMI						1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1918 W SARI	4TOGA 5	r.			ZIP CODE 21223	3			OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS  1	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	H	yes, spec	NDENT OF HISPAN city Cuten, Mexicar 2 NO Specify	n, Puerto Ricar					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)  12. 77+	ON apleted) Sollege (1-4 or 5+)	(Give kind of	166. DECEDENT'S USUAL OCCUPATION (Give lind of work done during most of working life. Do NOT use retired.)  FORIC LIFT OPER ATOR  BETHE								
BE COM	17. FATHER'S NAME (First, Middle, Last) 60RDON LAWS 18. MOTHER'S NAME (First, Middle, Melden Surname) 5ARAH NELSON											
TO B	198. INFORMANT'S NAME (Type/Print) DO ROYTHY LAW	15	1918	W.	SAI	d Number or Purel F RATDG1		City or Town	ALT. K	mo 21223		
	26a. METHOO OF DISPOSITION  1  Burlal 2  Cremation 3  Removal  4  Donation 5  Other (Specify)	from State 20b.	PLACE OF DISPO	ILLE	VE	T. CEM		CPO	uns v	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE UCENS	Collain		22. N No.	NAME AND	ADDRESS OF FAIR	VERA	Z Ato	mE.	BACT.MD.		
	23. PART I. Enter the diseases, or com			not anter					retory arrest			
	shock, or feart falture. List IMMEDIATE CAUSE (Final disease or condition resulting in dasth) a	0	issosia	k	5-	eptie	Sho	45		Interval Between Onset and Daath		
	DUE TO (OR AS A CONSEQUENCE OF):											
TION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE C	F):								
5	d									<u> </u>		
DICAL (	PART II. Other significant conditions of	The second secon		In the un	darlying	cause given in		PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ME	Suber - (	5 epsie	(				_   '			OF DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL	my then	ua	-	24 Dt /	ACE OF DEATH (Ch	ant anti ana)					
PHYSICIAN:	EXAMINER?	OSPITAL:	etlent 3 DOA	OTHER	t:	5 Residence		pecify)				
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. Til	ME OF JURY M	28c. INJU WOF	RK?	28d, DEŞCRI	BE HOW I	NJURY OCCUR	ED		
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. I					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MECICAL EXAMINER: C	-								suse(s) and manner as stated.		
ш		mordden	44 N			29c. LICENSE NUI	MBER	A		GNED (Month, Day, Year)		
TO B			~ D.	- 0-1		D2023	-2		<b>&gt;</b> 5/	23/91		
	30. NAME AND ADDRESS OF PERSON WHO C			e, PTINI)								
	24 DATE EN CD (Month Day Mark)	A DECICEDADIO CIONI										

REG	IISTHAR		CERTIF	ICALE	JF DEATH	REG. NO				
	ENT'S NAME (First, Middle, Last)	Kiedel		Lamb	erth	2. DATE OF DEATH DO NONTH DO NOTH	1991	3. TIME OF DEATH 10:50 P.M		
	-03-0953	5. SEX 8. AGE	(In yrs. last birthday) 89 YRS.	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/20/1901	Co	ATHPLACE (State or Foreign untry)		
	9e. FACILITY NAME (If not institution, give street and number)  Meridian Nursing Center				erna Park		9c. COUNTY O			
RESIDE	NCE OF DECEDENT									
4	yland Ann	e Arundel		y, town on i 1 timoy	ocation re (Br00k1y	n Park)	27	16d. INSIDE CITY LIMITS? 1 YES 2 NO		
	111 Sixth Ave	nue			101. ZIP CODE 21225		USA	F WHAT COUNTRY?		
3 🔯 Wid	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER I FORCES? 1 X ES IF YES, GIVE WAR OR D			2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:				ACE — American Indian, lack, White, atc. pecify: White		
	15. DECEDENT'S EDUC (Specify only highest grade intery/Secondary (0-12)	CATION completed) College (1-4 or 5+)		work done duri se retired.)	ng most of working	16b. KIND OF BU				
	12th Grade		Retire	d Engi	neer	Proct	or And	Gamble		
17. FATHE	R'S NAME (First, Middle, Last)		Lambert	h	16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	783		
190. INFO	RMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet end Number or Rural	Route Number, City or Tox	n, State, Zip Code	)		
Mr	s. Paulina Ger	ntry	3	302 Du	dley Avenu	e, Balto.,	Md.	21213		
1 (X Burl 4 🗆 Don	20s. METHOD OF DISPOSITION  1 (A Buriel 2 Cremetion 3 Removal from State  4 Deposition S Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of compalary, crematory or other place)  GIEN Haven Memorial Park 5/29 GIen Rur									
21. SIGNA	TUNE OF FUNERAL SERVICE LIC	Kevin E.	Ecker	MCC	ully Funer E. Pataps	al Home of	Brook1	vn		
disease resultin	shock, for heart failure. List only one cause on aech lina.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):									
If any, I cause. CAUSE that init	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d. Demention									
25. WAS ( EXAM) 1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PROPRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
25 WAS 4	CASE REFERRED TO MEDICAL		· · · · · · · · · · · · · · · · · · ·		04 PH 105 OF DEATH #0	hank anti-anni				
EXA	MINER?	HOSPITAL:		отным!	26. PLACE OF DEATH (C					
27 142	YES 2 NO	1 □ Inpatient 2 □ ER/O			g Home 8 - Residence		101 H 1004 A AA			
	A	28e. DATE OF INJURY (Month, Day, Year	IN	JURY M	IC. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	0		
9 1 1	Suicide 8 Could not be Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, pecify)	atreet, factory	, office	and Number or Re )	ral Route Number,			
29a. CER (Checone)	ck only	ICIAN: To the best of my kno						use(e) end menner as stated.		
29b. SION	NATURE AND TITLE OF CERTIFIE	Jaloun	8 m	0	29c. LICENSE NU	-	29d. DATE BIO	NED (Month, Day, Year)		
30, NAME	and address of Person with 273 B	Penin	Cula	for	us rd	Arno	le	Md 2101		
3MA	SILEO (Month Ben Har)	32. REGISTRAD'S SIG	MATURE		-					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after seath. Page 6 may be intended by the hospital or anhalting and completely filled in by the funeral director, page 5 should be detached for uses as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

nit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020	in 24 nours after death. Page 6 may be retained by the hospital or attending physic	by filled in by the funeral director, page 5 should be detached for use as the burial- ration, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1991 OF TAKE

1. DECEDENT'S NAME (First, Middle, Las.	0							2. DATE OF	DEATH		3	TIME OF DEATH	
	Armond	B. Lov						MONTH 5	27	199	/EAR	Time of Death	
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. I		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF E (Month, De	)-1908	6.	, BIRTHPL Country)	ACE (State or Foreig	
213-18-7874	1 🗆 XM 2 🗆 F	83	YRS.						)-1908			Va	
9a. FACILITY NAME (If not institution, give						R LOCATION	ON OF DE	ATH		9c. COUNTY	Y OF DEA	тн	
644 N. Carey Stree	et			Balt	timor	e							
10e. STATE Md 10b. COUN	ITY	10c CITY, TOWN OR LOCATION Baltimore									10	od, INSIDE CITY	
I'ld		Baltin			imore							1 X YES 2 NO	
10e. STREET AND NUMBER	ID NUMBER				10f. ZIP CODE				10g. CITIZEN			N OF WHAT COUNTRY?	
			20								US	Α	
11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. A	RMED					IIC ORIGIN? (S n, Puerto Rica		or No- 14	I. RACE -	- American Indian, White, etc.	
1 Never Married 2 Merried 3 Widowed 4 Divorced		WAR OR DATES				2 NO			,,		Specify:	B1ack	
15. DECEDENT'S EU	DUCATION	186.1	ECEDENT'S	I II II II O	CCUPATION	NA .		105 KIR	ID OF BUILD	NESS/INDUS	TOV	5.001	
(Specify only highest gra	de completed)		Give kind of fe. Do NOT i	work done	during mo	st of world	פר	TOUR POIN	0 0 000	IVE SO/INDO	21111		
Elementary/Secondery (0-12)	College (1-4 or 5	+)											
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Midd	le, Meiden S	Surneme)	_		
Edward Love							~tha			100			
19e. INFORMANT'S NAME (Type/Print)		-	19b. MAILIN	G ADDRES	S (Street a			Route Number, (	City or Town	, State, Zip Co	ode)		
Armond V. Love			629	N. Pul	laski	Stree	et B	altimore	e, Md	212			
20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Re			E ANO OAT	E OF OISP	OSITION			DATE	20c. LOC	ATION - CH		, State	
4 Donation 6 Other (Specify)	moval from State	AP'butu	's Meth	ration	Park				Arbu	itus, M			
· Wiele	E Que	-D			Marc	h F/H	West						
23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition	Elm r complications th	use on each li	na.	not enter	Marc 4300 the mo	h F/H Waba da of dy	West ash A	venue h sa cardiac		atory arres	nt,	Intarval Bety	
ahock, or heart fallur IMMEDIATE CAUSE (Final	r complications the List only one ca	use on each li	na.	not enter	Marc 4300 the mo	h F/H Waba da of dy	West ash A Ing, suc	venue		atory arres	nt,	Approximate interval Betwoen and D	
ahock, or heart fallur IMMEDIATE CAUSE (Final disease or condition	e. List only one ce	media	EOUENCE	not enter	Marc 4300 the mo	h F/H Waba da of dy	West ash A Ing, suc	venue h sa cardiac		atory arrea	nt,	Interval Bety	
shock, or haert fellur immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a.  DUE TO  DUE TO  DUE TO  d.	O (OR AS A CONS	EOUENCE	DF):	Marc 4300 r the mo	h F/H Waba da of dy	West ash A Ing, suc	venue h se cardiac	a'			Interval Bott Onset and E	
ahock, or haert fellur immediate countries. Enter UnderLying for any, leading to immediate countries. Enter UnderLying CAUSE (Disease or injury that initiated events	a.  DUE TO  DUE TO  DUE TO  d.	O (OR AS A CONS	EOUENCE	DF):	Marc 4300 r the mo	h F/H Waba da of dy	West ash A Ing, suc	venue h sa cardiac    Venue Part I. 24		AUTOPSY MED?	24b. W	Interval Both Onset and E  PRE AUTOPSY FINE MAILABLE PRIOR TO OMPLETION OF CAL F DEATH?	
ahock, or haert fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.	b	O (OR AS A CONS	EOUENCE	DF):	Marc 4300 r the mo	h F/H Wabada of dy	West ash A A Ing, suc	venue h sa cardiac    Venue Part I. 24	a. WAS AN / PERFORI	AUTOPSY MED?	24b. W	Interval Bets Onset and E  PRE AUTOPSY FIND MAILABLE PRIOR TO OMPLETION OF CAL F DEATH?	
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LAND	y the hospi	be detached	at once.	
MARY	e retained t	5 should	notified	
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BALTIMORE, MARYLAND 21215-0020	er death. Pa	the funeral c	i examine	
	24 nours aft	filled in by on, or remo	he medica	
8760,	uted within	I completely inial, cremati	ic event, t	
BOX 6	cate be exec	hysician and e prior to bu	er traumat	
S, P.O.	death certifi	ental Hygien	iry, or oth	
CORD	es that the	gned by the salth and M	s any inju	
AL RE	ie law requir	has been si Dept. of He	n 23 show	
DF VIT	INSICIAN: Th	s certificate ith the State	ed, or Iten	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TENDING PH	OR: After thi	8 is marke	
DIVI	ITAL OR AT	RAL DIRECT 72 hours a	: If Item 2	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or amount and are the contraction of the propriet of a managine of the second of the propriet of the propri	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compietely filled in by the funeral director, page 5 should be detached for use the filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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31. DATE FILED (Month, Day, Year)
MAY 3 0 1991

1	FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN	-			
	DECEDENT'S NAME (First, Middle, Lest) GEORGE ROLAND LAN					2. DATE OF DEATH MONTH MAY 26, I		YEAR	3. TIME OF OEATH 6:30 A. M	
4.	SOCIAL SECURITY NUMBER 218-26-6770	5. SEX 6. AGE (In yrs. In	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 10,1930		a. BIRTHPLACE (State or Foreign Country) MARYLAND		
- 1	s. FACILITY NAME (If not institution, give sti 4343 HALFIELD MAN				R LOCATION OF DE LTIMORE				eath MORE	
10	DESIDENCE OF DECEDENT 10b. COUNTY MARYLAND BA			OWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
10	00. STREET AND NUMBER 4343 HALFIELD MAN	NOR DRIVE	101	2123			S.	A.		
111	I. MARITAL STATUS  Never Married 2 Merried  Widowed 4 Divorced	12. WAS OECEDENT EVER IN U.S. A FORCES? 1 X YES 2 I IF YES, GIVE WAR OR DATES	RMED  NO	If yes, sp		NC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No—		E — American Indien, k, White, etc.	
17	15. DECEDENT'S EDUC (Specify only highest grade of the secondary (0-12) NA	College (1-4 or 5+)	NAL OCCUPATION OF THE STREET OF THE ST	ON st of working	186. KIND OF BUSINESS/IN					
17	7. FATHER'S NAME (First, Middle, Lest) ELMER LANEHAR DT		18. MOTHER'S				NAME (First, Middle, Melden Surname)  "DRED EBERLY			
, II 19	oe. informant's name (Type/Print) SHIRLEY LANEHARD'					RIVE, BALT			D. 21236	
■ X	De. METHOD OF DISPOSITION    Burlal 2   Cremetton 3   Remo			FOISPOSITION other place LEMETER			LTIM			
21	1. SIGNATURE OF FUNERAL SERVICE LIC	EMBEE . C	6	SCHIM		ERAL HOMES			. 21236	
ii	23. PART h. Enter the diseases, or c shock, or heert fellure. I MMEDIATE CAUSE (Finel disease or condition esuiting in death)	complications that caused the d Liet only one cause on each lin	ary >	lad	de of dying, suc	h as cardiac or resp	piretory arr	est,	Approximate Interval Batween Onset and Death	
6	Sequentieity list conditions, f sny, leading to immediate sause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events	b. DUE TO (OR AS A CONSI		X/a	remon	ma le	ing			
	esulting in death) LAST	d								
PH SICIAN: MEDICAL	PART II. Other significant condition	s contributing to death but not	reaulting In	the underlyin	g cause given in		RMED?	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
21	5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: OTHER:								
	1 YES 2 NO  7. MANNER OF CEATH  1 Netural 5 Pending Investigation	1 Inpatient 2 ER/Outpatient  28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. IN.	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
	2 Accident 3 Suicide 4 Homicide 5 Could not be determined	28e. PLACE OF INJURY — At it building, etc. (Specify)	nome, farm, str	est, factory, offic	•	28f. LOCATION (Street City or Town, State		or Rural	Route Number,	
25	enel	ICIAN: To the best of my knowledge, o							e) and manner as stated.	
H 7	SIGNATURE AND TITLE OF CERTIFIE	1. Orthym	0		29c, LICENSE NUI	MBER 95	29d. DAT	SIGNET	21/9/	
2 3	O. NAME AND AODRESS OF PERSON WHO	O COMPLETEO CAUSE OF DEATH (IT			מ ממע	AITO MD	7+1	, ET	OOP	

	1 - STATE REGISTRAR	CE	RTIF	ICATE OF			REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	MINO	R		1	7	2. DATE OF DEATH	5	der"	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2	6. AGE (In yrs. las		IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 I	HRS.	7. DATE OF BIRTH (Month, Day, Year)	905	8. BIRTH Country	PLACE (State or Foreign
TOR	Se. FACILITY NAME (If not Institution, give street and nur  HOSP ITEL	nber)		Balto	R LOCATION	OF DE	ATH	9c. COU	INTY OF D	EATH
DIRECTOR	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCAT	TON					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	6/02 Greennea	dow Park	uku	101	ZIP CODE	20	9	10g. CIT	TIZEN OF W	THAT COUNTRY?
BY FUN	1 Never Married 2 Married FORCE	DECEDENT EVER IN U.S. AR ES? 1 YES 2 B, GIVE WAR OR DATES	MED 10	If yes, sp	ecify Cuben, I		IC ORIGIN? (Specify Ye I, Puerto Ricen, etc.)	s or No-	14. RACE Black Speci	- American Indian, t, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (	(G	CEDENT'S ive kind of to Do NOT us	USUAL OCCUPATION work done during mode retired.)	ON at of working	100	16b. KIND OF BU	SINESS/IN	DUSTRY	
BE COMP	17. FATHER'S NAME (First, Middle, Lest) William Allen				16, MOTHER MAY	R'S NAM	AE (First, Middle, Meiden Hillen	Surname)		
TO B	100 INFORMANT'S NAME (Type/Print) ROSA M. Beuch		610	2 Gry	eenm	Aurai A	dow Park	war	ptB	Balt-1209
	20a_METHOO OF OISPOSITION 1	State 20b. PLACE of cemetary	crematory	e of olsposition or other flage)	by	R	53091 ta	inda	uls to	iwn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ron		Yar	ADDRESS	of the	-West	As	ve	
	23. PART I. Enter the diseases, or complicate shock, or heart fellure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)	ONE TO (OR AS A CONSE	PU OUENCE O	LMON,	4RY	1	RRES	iratory so	rrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION O	250	LERC	ARC	+	HEART		SEA	
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contrib	ARRHY VE HER	TH	in the underlyin	g cause giv	ren in		RMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	TAL:	3 DOA	OTHER:	LACE OF DEA		6 Other (Specify)			
BY PHY		DATE OF INJURY	28b. TIN	NE OF 28c. IN.	JURY AT ORK?		28d. DESCRIBE HOW	INJURY O	OCURED	
	2 Pacident	PLACE OF INJURY — A1 he building, atc. (Specify)	ome, farm,	atreet, factory, offic	20		281. LOCATION (Street City or Town, State		er or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To 11 2 MEDICAL EXAMINER: On the									s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	A' MD					18ER (924)	29d, DA	OS	(Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO COMPLE		M 27 (700	OSPI"	TAE	> 1	ST BA	1-	M	DE
	31. DATE FILED (MONTH DOY, 1999) 32.	REGISTRAR'S SIGNATURE DAY door - Hand	180							

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Mental Hygiere prior to burial, cremation, or removal. e teath certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. mention injury, or other traumatic event, the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or Item 23 sh TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate Income be filled within 72 hours after death with the State Decr

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TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutiled at once.
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omplet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	even
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mit. Pages 1, 2, 3 should

	FOR	STATE OF MARYLAND	n / NEPAR	RTMENT (	OF HE	AITH AND I	MENTAL HYGIEN	F	•	14014
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE			REG. NO.	AY	YEAR	3. TIME OF DEATH
4	Mary	/		Mill	-		1º luy	8	91	PM
	4. SOCIAL SECURITY NUMBER 425-60-1516	5. SEX 8. AGE (In yrs. 1 ☐ M 2 🖾 F 56	. leat birthday) YRS.	MONTHS I		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Nov. 3, 19:	34	Country	PLACE (State or Foreign ) bama
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, T	OWN OR	LOCATION OF DE			NTY OF DE	ATH
OR	St. Joseph Hospi	ital		Tow	son			Ba1	timo	re
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CIT	ry, town or	LOCATIO	ON				10d. INSIDE CITY LIMITS?
	Maryland Bal	Ltimore	To	wson						1 TYES 2 NO
AL	10e. STREET AND NUMBER				10f. 3	ZIP CODE				HAT COUNTRY?
E	1211 Providence	Rd.				21204		U.	S.A.	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	<b>⊠</b> NO	11 1	yes, spec		HC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No—	14. RACE Black, Specify Whit	
ED	15. DECEDENT'S EDU (Specify only highest grade		DECEDENT'S	USUAL OCC	UPATION		16b. KIND OF BU	SINESS/INC		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	work done du se retired.)	inng most	or working				
P	12	C	rossin	ng Gua	rd		Baltimo	ore C	ount	y, Maryland
S S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden			
BE C	Floyd Martin Pic	ckens				Claudia	May Allre	ed		
TO B	19a. INFORMANT'S NAME (Type/Print)  Edward H. Miller	T		as #			Route Number, City or Tow		o Code)	
	20a. METHOD OF DISPOSITION	T	ACE AND DAT			Aloneo	DATE 20c. LO	CATION	City or Tow	
	1 Surial 2 Crametion 3 Ran	novel from State	tary, cremator	y or other pla	ce)	- Cl	5/31/91	Dd	dity or low	M.J
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE / //DUI	aney v	arrey	ME AND	ADDRESS OF FA	2// 2T/ AT 1	Limon	lum,	Md.
	* Monale CA	lude le		R	luck	Towson	Funeral Ho			2/4
	23. PART I. Enter the diseases, or	confpilcations that caused the	death. Do	not enter ti	he mod	le of dying, suc	h as cardiac or resp	iratory an	reat,	Approximate
	ahock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition	List only one ceuse on each	lina.							Interval Between Onset and Death
	resulting in death)	a. Mentor	c /	1	15	ne Mil	after			1/2 y-
z	55	DUE TO (OR AS A COM	NSEQUENCE (	OF): N						
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	NSEQUENCE (	OF):						
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COP	NSEQUENCE (	OF):						
ਹ	DART ii Other significant condition	ne contributing to death but a	at nagultina	In the cond	مد منا برام م	saura abus la	Port 1 ac. 100 as	ALFROMOV	1 200	
MEDICAL	PART ii. Other aignificant conditio	is contributing to death but n	lot reaulting	in the und	enying	cause given in	Part I. 24a. WAS AN PERFOI		246.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
Ö							1 YES :	ON 🗆	4	OF DEATH?
M									ļ	1   YES 2   NO
ä										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:		ACE OF DEATH (C)	eck only one)			
S	1 🗆 YES 2 🗗 NO	1 Inpatient 2 ER/Outpatier	nt 3 🗆 DOA			6 Residence	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF-DEATH  1 Retural 6 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 2	28c. INJU WOR	IRY AT RK? ES 2 NO	28d. DESCRIBE HOW	INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm,	atreet, factor	ry, offica		281. LOCATION (Street City or Town, State		r or Rural R	oute Number,
COMPLET	enel .	SICIAN: To the best of my knowledge IER: On the basis of examination and								and manner sa stated.
_	29b. SIGNATURE AND TITLE OF CERTIFIE	ER 4	-		- 1	29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
BE	Cart c	Jene	MD			D1000		•	5/1	- 8/91
9	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALICE OF DEATH	(ITEM OF /E-	- Deleas			*		-/-	- / []

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6	BALTIMORE, MARYLAND 21215 00000	. Page 6 may be retained by the hospital or attend a private of	ral director, page 5 should be detached for use the second peganit. Pages 1, 2, 3 should	hiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the state Dept, of Health and Mental Hygiens prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIEN
CE	ERTIFICATE	OF DEAT	Н		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND M	IENTAL HYGIEN	E	
	1. OECEDENT'S NAME (First, Middle, List)  Carl B. Marquan	d, PhD				2. DATE OF DEATH	YEAF	3. TIME OF DEATH
		1 (X M 2 □ F 9	5 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DEA		Coe	ATHPLACE (State or Foreign Intry) Ohio
OR P	Dulaney Towson Nu		90	Tows				imore
DIRECTOR	10e. STATE 10b. COUNTY	imore	1000	OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER  3 Southerly	Court		101	ZIP CODE 21204			S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WARFOR DA	U.S. ARMED 2 NO ATES WWL	If yes, spe			or No — 14. R/BI	ACE — American Indien, lack, White, etc.  White
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re Chemist	done during mo tired.)	N at of working	16b. KIND OF BUS	siness/industr	
COM	17. FATHER'S NAME (First, Middle, Last) Miner Marq	uand			18. MOTHER'S NAM	NE (First, Middle, Maiden UNKN	- 14	
TO BE	190. INFORMANT'S NAME (Type/Print) Peggy A. Marquand	-		ORESS (Street e		oute Number, City or Tow	n, State, Zip Code)	
	20s. METHOD OF OISPOSITION 1	rai from State	D. PLACE AND DATE OF CEEN MOUNT	crema	tory 5-2	29-91 Bal	cation — chy or timore,	Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE  Wallace	S Brooks	22.	Ruck		Funeral Ho		
	23. PART I. Entar the diseases, or co- shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one cause on e		anter the mo	de of dying, auch	aa cerdlec or reap	ratory arreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to death b		Australia	g cause given in I	Part I. 24a. WAS AN PERFOI	RMED?	24b. WER AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN		HOSPITAL:	patient 3 DOA 4	THER:	ACE OF DEATH (Che			
ED BY	27. MANNER OF OEATH  1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. DATE OF INJURY (Month, Day, Yee) 88e. PLACE OF INJURY buildings etc. (Spen	28b. TIME C	F 28c. INJ WO 1 □	URY AT RK? 'ES 2 1 NO	28d. OESCRIBE HOW I	end Number or Ru	of Niff
COMPLET	cont only	IAN: To the best of my know: On the best of examination	riedge, death occurred					se(e) and manner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	1020	Jestle	and	Sec LICENSE NUM	383	29d. DATE SIG	NED (Month, Dey, Year)
5	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	(m) 2304	- Wone	lorne ext	215	21043
	MAY 3 0 1001	32. REGISTRAR'S SIGN	ATURE MARIE	,				

FOR

by the hospital or attending physician.

be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 in TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral direction filled in by the funeral direction of filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF					MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last) PATRICK F	RANCIS	MICH	EEL		9	7	2. DATE MONTI	OF OEATH H DA	ž7 <sup>*</sup>	EAR	TIME OF OEATH
4. SOCIAL SECURITY NUMBER 215-78-5456		(In yrs. lest birthday) O YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Monti	OF BIRTH h, Day, Year) 09-60		BIRTHPLI Country) LARYL	AND
9a. FACILITY NAME (If not institution, give 5969 TURNABOUT				TOWN OF		ON OF DE	ATH	9	9c. COUNTY		
RESIDENCE OF DECEDENT	TARE		COL	TOMP	LA				HOWAR	ש כנ	
10a. STATE 10b. COUNTY MARYLAND HOW	ry VARD		OLUME		ON						d. INSIDE CITY LIMITS?  VES 2XX NO
10e. STREET AND NUMBER				101.	ZIP CODE				10g. CITIZEI		T COUNTRY?
5969 TURNABOUT	LANE APT. C				2104	44			U.S	. A.	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMED 2 XNO DATES			cify Cuba		n, Puerte	i? (Specify Yes Rican, etc.)	or No- 14	RACE — Black, W Specify: WHIT	American Indian, Inite, atc.
15. DECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12) 12th		16a. DECEDENT'S (Give kind of life. Do NOT a DISABL	work done ouse retired.)	CCUPATIO	N it of workin	9		. KIND OF BUS		TRY	
17. FATHER'S NAME (First, Middle, Last)	122				16. MOTI	HER'S NA		Middle, Malden		-	
PAUL OTTO MICHE	EEL JR.				PAT	RIC	[A	GROGA	N		
19a. INFORMANT'S NAME (Type/Print) PATRICIA MICHEEL	(MOTHER)		G ADDRESS HERB					MBIA,		045	
20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Rei 4 Donation 5 Other (Specify)		b. PLACE AND OAT					OAT	E 20c. LO	CATION — CIT		State ITY, MD
21. SIGNATURE OF FUNERAL SERVICE L		I. JOIN		NAME AN		SS OF FA		30/91	FLLTCO	11 0	ITY, MD
23. PART I. Énter the diseeses, or	Withe		LE 55	ROY	M &	RUS!	SELL LLS 1	ROAD	COLUMB	IA,	L HOME MD 21045
disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	C	A CONSEQUENCE (	OF):								
PART II. Other significant condition	one contributing to death	but not resulting	In the un	nderfylng	j cause (	given in	Part I.	24a. WAS AN PERFO	RMED?	O O	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCEPITAL				ACE OF O	EATH (Ch	eck only o	ne)			
1 DYES 2 D NO	HOSPITAL: 1   Inputient 2   ER/Ou	tpatient 3 🗆 DOA	4 Nur		5 LXR	esidence	6 🗆 Oth	er (Specify)			
27, MANNER OF CEATH	,28e. DATE OF INJURY (Month, Day, Year)	26b. Ti	ME OF	28c. INJI WO	URY AT RK?		28d. OE	SCRIBE HOW	NJURY OCCU	RED	
1 Natural 5 Pending Investigation	28e. PLACE OF INJUR	Y — A1 home, farm	, street, fact	1   Y		NO	26f. LO	CATION (Street	and Number or		er head
Homicide 6 Could not be detarmined	building, atc. (Sp	HOME						or Town, State,		TANT	Te.
(Original Original Control or Con	SICIAN: To the best of my kno	wledge, death occu					to the ca	use(a) and ma	nner as stated		
29b. SIGNATURE AND TITLE OF CERTIFI						ENSE NU					fonth, Day, Year)
Donald & W	right MD			1		C.M.				/28/	
DONALD G. WA	HO'COMPLETED CAUSE OF O	DOY 12 1	PENN	STR	EET,	BAL	IMOH	RE,MAR	YLAND	2120	2
31. DATE FILEO (MONTH, Day Your)	92. REGISTRAR'S SHE	jandell		1							

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the death cer	the attending	Mental Hygi	njury, or o
hat the death cer	t by the attending	and Mental Hygi	ny injury, or o
as that the death cer	gned by the attending	saith and Mental Hydi	s any injury, or o
Mayres that the death cer	an gned by the attending	of Baith and Mental Hyd	ows any injury, or o
ow returns that the death cer	Leen gned by the attending	of Bealth and Mental Hygi	S spiles any injury, or o
per tow refuges that the death cer-	a Ca seen goed by the attending	so Mental Hyd	m 23 styles any injury, or o
the see that referres that the death cer	Cate of seen gned by the attending	the of feath and Mental Hyd	mm 23 spies any injury, or o
DOAL Section relayers that the death cert	certicate is seen igned by the attending	the title of feath and Mental Hyd	, or mm 23 spins any injury, or o
PHYSICAL SECTION PRINTES that the death cert	this certicate as seen igned by the attending	with the other. of fealth and Mental Hyd	hed, or my 23 spins any injury, or o
VE PHYSICIAL Spetter relayers that the death on	fur this certificate to seen goed by the attending	ath with the tale of south and Mental Hyd	marked, or nem 23 spiers any injury, or o
HOING PHYSICIAL Spertter relayers that the death oer	R. After this certificate of seen goed by the attending	er death with the state of the shift and Mental Hyd	is marked, or mem 23 splws any injury, or o
ICTENDING PHYSICIAL Section relayers that the death cer	CTDR. After this centicate is seen igned by the attending	after death with the total fact, of math and Mental Hyd	28 is marked, or num 23 sprivs any injury, or o
OR ATTENDING PHYSICIAL SPETEM INVITES that the death cer	DIRECTOR: After this centerale as seen goed by the attending	ours after death with the total fig. of math and Mental Hyd	lem 28 is marked, or mm 23 spiws any injury, or o
TAL OR ATTENDING PHYSICIAL Spetter relayers that the death cen	AL DIRECTOR: After this certicate is seen igned by the attending	72 hours after death with the little 74. of haith and Mental Hyd	If them 28 is marked, or my 23 spins any injury, or o
SPITAL OR ATTENDING PHYSICIAL SPITM INVINES that the death cer	NERAL DIRECTOR: After this certificate of seen goed by the attending	thin 72 hours after death with the latter of maith and Mental Hyo	NT: If them 28 is marked, or from 23 sprivs any injury, or o
E HOSPITAL OR ATTENDING PHYSICIAL SOFTEM INVINCES that the death cer	FUNERAL DIRECTOR After this centerale of seen goed by the attending	I within 72 hours after death with the pate 74. of Beath and Mental Hyd	RTANT: If Item 28 is marked, or num 23 spilvs any injury, or o
THE HOSPITAL OR ATTENDING PHYSICIAL SPETEM THAINES that the death cen	THE FUNERAL DIRECTOR After this centurals (as seen goed by the attending	filed within 72 hours after death with the total Thr., of maith and Mental Hyg	IMPORTANT: Il liem 28 is marked, or with 25 spires any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF				MENTA	L HYGIENI REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last, JAMES DOI	NALD MOBERLY	JR.				2. DATE MONTO	OF OEATH		AR	TIME OF OEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER		UNDER 24 HRS.	7. DATE (Mont)	OF BIRTH	8. [	BIRTHPL.	ACE (State or Foreign
	214-36-1526		7 YRS.				12-	06-43	M.	ARYL	AND
_	9a. FACILITY NAME (If not institution, give					OCATION OF E	EATH	100	9c. COUNTY	OF DEAT	тн
DIRECTOR	5662 SHEEROCK CO	OURT		C	OLUMB	IA			HOWA	RD	
EC	10a. STATE 10b. COUN	TY	10c. CIT	Y, TOWN O	R LOCATION					10	Dd. INSIDE CITY
HO	MARYLAND HOWA	ARD	C	OLUMB	BIA					1	LIMITS?
	10e. STREET AND NUMBER				10f. ZIP	CODE			10g. CITIZEN	OF WH	AT COUNTRY?
ER	5662 SHEEROCK CO	OURT			21	045			U.S.A		
BY FUNERAL	11, MARITAL STATUS 1 Never Married 2 XXMerried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR 1967 - 1	DATES	H	f yes, specify	ENT OF HISP/ Cuban, Maxic XNO Spec	en, Puerto	i? (Specify Yea Rican, atc.)		RACE — Black, V Specify: HITE	- American Indian, White, etc.
COMPLETED	15. OECEDENT'S ED (Specify only highest grad		16a. OECEOENT'S	USUAL OC	CUPATION	working	168	. KIND OF BUS	INESS/INOUS1	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 8+)	He. Do NOT u	se retired.)	during most of	Trong .					
MP		5+	FINANCIA	AL AN				OLSON I		CH	res.
8	17. FATHER'S NAME (First, Middle, Last)							Middle, Maiden	Surname)		
BE	JAMES DONALD MOI	BERLY				HELEN		CHAEL			
9	19a. INFORMANT'S NAME (Type/Print) CAROL MOBERLY	(WIFE)				COURT	COLU	ber, City or Town	MD 21	045	
	20e METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	RESTLAWN			me O	6/03	20c. LO	CATION — CHY	or Town	E, MD
	21. SIGNATURE OF FUNEBAL SERVICE I	LICENSEE	.0	22.	NAME AND A	DORESS OF F	ACILITY T	C WIT	ZKE EI	INFR	AL HOME
	Lusace	endez	4								MD 21045
7	23. PART I. Enter the diseases, or shock, or heert failure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Me has to DUE TO (OR AS	eech line.	Town	, er .	or dying, su	cn as car	diac or respi	ratory arrest	,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):							
E	reaulting in death) LAST	d									
	PART ii, Other aignificant condition	ona contributing to death	but not requiting	in the un	deriving ca	use given i	n Part i.	24e, WAS AN	AUTOPSY	24b. ¥	/ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Liver Failure	Chrenic on	min					PERFOR		0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL				26. PLACE	OF DEATH (	Check only o	ne)			
Sic	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/O	utpetient 3 DOA	OTHER		Residence	6 🗆 Oth	er (Specify)			
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year	Y 28b. Til	ME OF JURY	28c. INJURY WORK?	AT	28d. DE	SCRIBE HOW I	NJURY OCCUP	ED	73 CI -
ВУ	1 Natural 5 Pending 2 Accident Investigation		,	M		2 NO					
	3 Suicide 8 Could not b		RY — At home, farm, pecify)	street, fact	tory, office		281, LO	CATION (Street of Town, State)	and Number or	Rurai Rou	vte Number,
COMPLETED	CONSTRUCTION OF THE PROPERTY O	YSICIAN: To the best of my known in the basis of axaminat									and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF	IEN A			19 19 19 19 19	c. LICENSE N					Month, Day, Year)
0	you K. M.	mas			· · ·	2305	7.5		P 5-	29-	-91
-		who completed cause of 10632 LITTLE			KWAY	SUITE	424	COLUM	IBIA, M	1D 2	1044
	MAY 3 0 1991	Julia Davidson-H	GNATURE Endale								

TO BE COMPLETED BY FINERAL DIRECTOR
LIEICATION

STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIEN
CE	RTIFICATE	OF DEAT	ГН		REG. NO.

	1. OECEOENT'S NAME (First, Middle, Lest) CHRISTOPHER		cholas	5	METCA	ALF	2. DATE OF DE MONTH 05	28 <sup>w</sup> 1	991	8:17
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I		F UNDER 1 YEAR		7. DATE OF BII (Month, Day, Dec	7°-1990	Cour	THPLACE (State or Fintry)
	9a. FACILITY NAME (If not institution, give	street end number)				OR LOCATION OF DI			UNTY OF	
E I	HARBOUR MED	ICAL CENT	TER		BAI	LTIMORE C	ITY	-		
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT			La arm						
. 1	Maryland		-		V -	.City,Md	•			10d. INSIDE CIT LIMITS? 1X YES 2
FUNERAL	100. STREET AND NUMBER	E.Fort	Ave.		'	101. ZIP CODE 2123	0	10g. Cl	USA	WHAT COUNTRY?
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8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle,	, Maiden Surname)		
Ö	Ro	obert	Meto	calf,	Jr.	Quin	n	Smit	th	
0	19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING /	DDRESS (Stree	t and Number or Rural	Route Number, Cit	ty or Town, State, 2	Sip Code)	
6	Quinn Sm:	ith		1612	E.For	ct Ave.B	alto.N	Md.2123	30	
	20a. METHOD OF DISPOSITION  1) Burlal 2 Cremation 3 Ref 4 Donation	moval from State	of cemeta	ry, crematory o	of disposition of their place)	Name (Name	DATE	20c. LOCATION -		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	17	/			CII ITV			
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH OECEDENT'S NAME (First, Middle, Last) 3. TIME OF CEATH SONNY JAMES MCPHERSON MCPHERSON----SONNY 05 .15 7. DATE OF BIRTH (Month, Day, Year) 1/9/1918 A. SOCIAL SECURITY NUMBER & SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign DAYS 1 X M 2 - F 73 Kentucky 228-10-6942 9e. FACILITY NAME (If not institution, give street and number; 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ANNE ARUNDEL NORTH ARUNDEL HOSPITAL GLEN BURNIE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY 1 TES 2 X NO Maryland Anne Arundel Glen Burnie 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 1626 Bedford Road. 21061 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES XXNO Specify: 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 X Married 3 Widowed 4 Divorced WW 2 White 16a. DECEDENT'S USUAL OCCUPATION

Work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade con (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Retired Salesman 12th Grade Insurance Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname John McPherson Ethel Rutledge McPherson 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Dora Kathleen McPherson 1626 Bedford Road, Glen Burnie, Md. 20a. METHOD OF DIS ON

1X XBurtal 2 Cr i 3 Re
4 Donallon 5 Other (Specify) 20b. PLACE AND DATE OF DISPDSITION (Name 29c. LOCATION - City or Town, State DATE Glen Haven Memorial Park 5/24/ Glen Burnie, Maryland 22. NAME AND ADDRESS OF FACILITY
MCCully Funeral Home of Brooklyn 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker 237 E. Patapsco Ave., Balto., Md. 21225 23. PART I. Egter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel disease or condition resulting in death) 2 Hemork Macaic DUE TO (DR AS A CONSEDUENCE OF): erroscleros Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEDUENCE OF): resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 -NO POS 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ng Home 6 Residence 6 Other (Specify) 4 - Nursi 27. MANNER DF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building. etc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER
(Check only one)

29 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the b end/or investigation, in my opinion, death occured at the Ilms, date end place, end due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIED > May 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RICHARD FISHER 4710 Pennington Avenue Baltimore. D 32. REGISTRAR'S SIGNATURE MAY 3 0 1991

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)	.1		NO	VITSE	7 🔻			2. DATE	DF DEATH	W 10	9 <b>9 E f</b> R	3. TIME OF DEATH 04:47 A
MARTIN 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER		IF UNDER	24 HRS.	7 DATE	OF BIRTH		6. BIRT	HPLACE (State or Foreign
218-64-6949	1 📉 M 2 🗆 F	25	YAS.	MONTHS		HOURS	MIN.	Nov.	Des Moer)	1965	Coy	aryland
9a. FACILITY NAME (If not institution, give st	•			9b. CITY	, TOWN DR	LOCATIO	N OF DE	ATH		9c. COU	NTY OF I	DEATH
UNIVERSITY HOSPIT	AL/SHOCK	TRAUMA		H	BALTI	MORE						
10e. STATE 10b. COUNTY				-	OR LOCATIO	ON						10d. INSIDE CITY
Maryland Howar	:d			Glenv	boow							1 TYES 2 ND
3262 Sharp Rd.					10f. 2	217					U.S.	WHAT COUNTRY? A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 3	RMED		WAS DECEI If yes, spec 1 YES 2	offy Cubar	n, Maxica	n, Puerto F	? (Specify Yes	or No-		E - American Indian, ck, White, etc. city: White
15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. D	ECEDENT'S	USUAL O	CCUPATION	of workin	_	16b.	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 - 1 Year	·) #	Give kind of a e. Do NOT us Vaite:		warmy most	or worning			Foo	d Se	rvic	e
17. FATHER'S NAME (First, Middle, Lest) Don Novitski	1 Tear		arce			18. MOTH Celi		ME (First, I	Middle, Maiden			(Darr)
19a. INFORMANT'S NAME (Type/Print)		140	95 MAII ING	ADDRES				Boute Numi	ber, City or Tow	m State 7	in Corfe)	
	ather)		3262						Maryl		21	738
4 Denation 5 Other (Specify)	ENSEE	/	Journ	22	NAME AND	ADDRES	O OF EA	5/29				lle, MD
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1. DECEOENT'S NAME (First, Middle, Last)						2. DATE O		YAY	YEAR	3. TIME OF OEATH
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4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last birt		DER 1 YEAR	IF UNDER 24 HRS.	7. OATE O		-	8. BIRTI	HPLACE (State or Foreign
212-96-1619	1 📉 M 2 🗌 F	21	YRS. MONTH	S DAYS	HOURS MIN.	Aug	2.1	1060		ryland
9e. FACILITY NAME (If not institution, give str	reet and number)	7.1	9b. C	TY. TOWN	OR LOCATION OF D		4.1		UNITY OF	
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10e. STATE 10b. COUNTY		10	oc. CITY, TOW	N OR LOCA	TION				-	10d. INSIDE CITY
Maryland Bal	timore			. 100						LIMITS?
10e. STREET AND NUMBER	CIMOLC			10	f. ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?
1045 Flagtree	Lane				21208				S.A.	
11. MARITAL STATUS  1 X Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR	YES 2 NO		If yes, sp	CENDENT OF HISPA secify Cuben, Mexica 3 2 NO Specif	an, Puerto Ri	(Specify Ye can, etc.)			E — American Indien, ck, White, atc.
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17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA					
Timothy Peters	on				Const					Brown
19e. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDR	ESS (Street	and Number or Rural	Route Number	or, City or Tox	wn, State, Z	(ip Code)	
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4 Donation 5 Other (Specify)			WILL L.					4 - 6 -		
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	V: OOOIA	WII CE	22. NAME A	ND ADDRESS OF FA	ACILITY NT	1++01	r Fin	nor	1 Homos
	ENSEE	++	wii Ce	22. NAME A	NO ADDRESS OF FA	ACILITY NU	itte	r Fu	nera	al Homes
	₹ €.	nused the deeth	. Do not en	22. NAME A 2501 Balt Iter the me	Gwynn:	s Fal Mary	itte: lls   vland	r Fu Park d 2	nera way 1216	Approximate Interval Batw
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permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% Yours after death. Page 6 may be retained by the hospital of unity the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the say as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 mou. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, in be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH A		AL HYGIENE REG. NO.	91	14582
. OECEOENT'S NAME (First, Middle, Last)		Rogers		MON			
MARK SOCIAL SECURITY NUMBER	8. SEX 8. AGE		DGERS	05	09	1991	8:12A
N/A	1 X M 2 F		UNDER 1 YEAR IF UNDER 24	MIN. (Mor	e of Birth ith, Day, Year) -9-1991		INTHPLACE (State or Foreign ountry)
FACILITY NAME (If not Institution, give		9b	CITY, TOWN OR LOCATION			9c. COUNTY	OF DEATH
2503 BROOKFIELD	AVENUE		BALTIMO	RE CITY			
o. STATE 10b. COUNT	Y	Baltim	OWN OR LOCATION				10d. INSIDE CITY LIMITS?  1 X YES 2 NO
e. STREET AND NUMBER			101. ZIP CODE		T	10g. CITIZEN	OF WHAT COUNTRY?
2503 Brookfield Av	enue		212	17		USI	A
. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS OECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 MNO	13. WAS DECENDENT OF If yee, specify Cuban, 1 YES 2 NO	Mexican, Puerto			RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most of working tired.)	16	b. KIND OF BUSI	NESS/INDUST	RY
FATHER'S NAME (First, Middle, Last)			18. MOTHE	R'S NAME (First	, Middle, Meiden S	urname)	
James Jones			Ros	lyn Roge	ers		
. INFORMANT'S NAME (Type/Print)		The second second	DRESS (Street and Number of		mber, City or Town,	State, Zip Cod	e)
James Jones		250	03 Brookfield A	Avenue	Baltimo	re, Md 2	21217
a. METHOD OF OISPOSITION  ☐ Burlel: 2 ☐ Cremation 3 ☐ Rei ☐ Donation 5 ☐ • Qther (Specify)		BUTUS MEM		5/17/		timore,	or Town, State
SIGNATURE OF FUNERAL SERVICE L		)	22. NAME AND ADDRESS			o move ç	
MEDIATE CAUSE (Finel seese or condition suiting in death)	b	ANT DEATH ( A CONSEQUENCE OF):	SYNDROME				Interval Betwee
any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or injury nat initiated events seuting in death) LAST	c	A CONSEQUENCE OF):  A CONSEQUENCE OF):					
ART II. Other significant condition	d.	but not resulting in t	the underlying cause gi	ven in Part i.	24s. WAS AN / PERFORI 1 YES 2	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	I	28. PLACE OF DE	ATH (Check only	one)		
XX YES 2 NO	1 - Inpatient 2 - ER/Out	tpatient 3 DOA 4	☐ Nursing Home 3 ☐ Res	idence 8 🗆 Ot	her (Specify)		
MANNER OF DEATH  1 Netural 8 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y 28c, INJURY AT WORK?  M 1 YES 2		EȘCRIBE HOW IN	JURY OCCUR	ED
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR	Y — At home, farm, stre	et, factory, office	28f. LC	OCATION (Street at ty or Town, State)	nd Number or F	Rurel Route Number,
one)	SICIAN: To the best of my knowner: NER: On the bests of examination						ruse(s) and manner as stated.
IS SIGNATURE AND TITLE OF GENTIFF	2000		s-statemen	OCME		29d. DATE SH	GNED (Month, Day, New)
NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pri	ne)	OCME	BAT TTM	OPE M	APVI AND 2120
DATE FILED (More), Day, Year)	32. REGISTRAN'S SIG	NATURE	111 PENN S	IREET	DALITIN	JKE, FL	ARYLAND 2120
MAY 3 0 1991	Time Davidson Ba						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2. nours after death. Page 6 may be interested	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furner descriptions is seen.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If flow 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified	

or attending physician. If use as the bunal-transit permit. Pages 1, 2, 3 should

1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN	D MENTAL HYGIEI REG. NO		
1. DECEDENT'S NAME (First, Middle, Lest)	Rheub			5-2	6-9	3. TIME OF DEATH 450P
4. SOCIAL SECURITY NUMBER  214-30-3703  9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	58 YRS. MON	INDER 1 YEAR IF UNDER 24 HR THE DAYS HOURS MH CITY, TOWN OR LOCATION O	(Month, Day, Year) Oct 12		BIRTHPLACE (State or Foreign Country) Maryland OF DEATH
Baltimore Cou	nty Genera	1 Hosp.			Ba	ltimore
10e. STATE 10b. COUN	timore	10c. CITY, TO	Catonsvill	e	Lea- OWITPA	10d. INSIDE CITY LIMITS? 10 YES 2 NO
302 Melvin Av	renue		21228			S. A.
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HIS If yea, specify Cuben, Me 1 TYES 2 NO SA	PANIC ORIGIN? (Specify Your can, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEOENT'S USU. (Give kind of work of life. Do NOT use reti	done during most of working	16b, KIND OF BI	USINESS/INDUS	Black
High School 17. FATHER'S NAME (First, Middle, Last)		Food Ser		r Baltin		ounty School
Raymond Smit	h			e Hamilto		
196. INFORMANT'S NAME (Type/Print)  James E. Rheu	hotton	1	RESS (Street and Number or R			21220
20a, METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Rec 4 Donation 5 Other (Specify)	moval from State	b. PLACE OF DISPOSITIO other place)	N (Name of cometer), crematory	or 20c. L	OCATION — City	County MD
21. SIGNATURE OF FUNERAL SERVICE L	E Prutte	1	22. NAME AND ADDRESS DO 2501 Gwyn Baltimore	ns Falls Marylan	r Fune Parkwa d 212	eral Homes
23. PART i. Enter the diseases, or shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Emp	eech iina.	Severe		piratory arrest	t, Approximate Interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):				
PART II. Other significant condition	contributing to death	but not resulting in th	a underlying cause give	n in Part I. 24a. WAS A PERFO	ORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	(Check only one)		
1 TYES 2 NO	1 Sinpatient 2 ER/Ou 28s. DATE OF INJURY	tpatient 3 DOA 4	Nursing Home 5 Reside	nce 6 Other (Specify) 28d. DESCRIBE HOW	IN HIRV OCCIDE	DED.
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	(Month, Day, Year)	INJURY  IY — At home, farm, stree	M 1 YES 2 NO	77,000,000	nt and Number or	
290. CERTIFIER (Check only	SICIAN: To the best of my kno					Cause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIC COLOR	uno Hou	se phys	29c. LICENSE	NUMBER 6456	29d. DATE S	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	WID COMPLETED CALLED DE D					

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	1. DECEDENT'S	AR NAME (First, Middle, La	st)			CATE OF	DEATH		REG. NO.		WE . E	3. TIME OF DEATH
	RICHAE	RD	Н		RI	EECE		O	онтн ол 5 20	11	YEAR O.1	.2:55 DN
	4. SOCIAL SECU	RITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 H	RS. 7. D/	ATE OF BIRTH fonth, Day, Year)			IPLACE (State or For
	485-24	-6569	1 😾 M 2 🗆 F	61	YRS.	MONTHS DAYS	HOURS M	14.	y 9,19	30		owa
	9a. FACILITY NA	ME (If not institution, gi	ve atreet and number)			9b. CITY, TOWN	OR LOCATION C		7 - 1 - 2		NTY OF D	
8	NORTH	ARUNDEL I	HOSPITAL A	SSOCTAT	'TON	CLEN	BURNTE	,			A A	COUNTY
DIRECTOR	RESIDENCE	OF DECEDENT				TOWN OR LOCA					*****	10d. INSIDE CITY
E	Maryla		nne Arun	de 1		sadena						LIMITS?
	10a. STREET AN			461	1 4		f. ZIP CODE			10a CITI	IZEN OF W	WHAT COUNTRY?
RA		1ma Ave	nue			"		122				States
FUNERAL	11. MARITAL STA		12. WAS DECEDE	NT EVER IN U.S.	ARMED	13, WAS DEC			IGIN? (Specify Yes		14. BACE	E — American India
		led 2 Married	FORCES?	YES 2	NO	If yes, sp	ocify Cuban, M	exican, Pus			Black	k, White, etc.
BY	3 Wildowed	4 Divorced				""	A NO.	poory.			Opoca	"White
E		15. DECEDENT'S I (Specify only highest g		16a. l	DECEDENT'S I	JSUAL OCCUPATE ork done during mo retired.)	ON ost of working		16b. KIND OF BUS	BINESS/INC	DUSTRY	
E		econdary (0-12)	College (1-4 or 5	+)	life. Do NOT use	retired.)						
COMPL		h. grad		ears	Acc	ountan	7				mp1	oved
COM		ME (First, Middle, Last)		••		-	1 1	like mi	rst, Middle, Maiden			
BE	Gle			н.		ce Ree			eresa	W.		indseil
TO BE		'S NAME (Type/Print)	_						Number, City or Tow	n, State, Ziç	Code)	
	Mrs,	Joan C.	Reece			elma A			sadena DATE 20c. LO	Md CATION —		
	4 Donation 21. SIGNATURE	Cremation 3   F 5   Other (Specify)   OF FUNERAL SERVICE	LICENSEE			AC Cu	Moun	uner tain	al Hom Road	e of Pasa	Pa	a,Md. 2
	21. SIGNATURE  23. PART I. E. st  IMMEDIATE C disease or co	of Funeral Service  of Funeral Service  noter the diseases, lock, or heert fellu  AUSE (Finel Indition		et ceused the	deeth. Do n	AC Cu	Moun	uner tain	al Hom Road	e of Pasa	Pa	sadena
	23. PART I. E. S. IMMEDIATE C. disease or coreaulting in d.	of Funeral Service  of Funeral Service  nter the diseases, lock, or heart fellu  AUSE (Finel indition eath)	or confolications three. Light only one can but the confolications three can be confolicated by the confolications through	et ceused the cause on each II	deeth. Do n ne. My g secuence of	3204 ot enter the mo	Moun	uner tain	al Hom Road	e of Pasa	Pa	sadena a, Md. 2
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ERTIFICATION	23. PART I. E. sh IMMEDIATE C disease or co resulting in d	of Funeral Service  of Funeral Service  of Funeral Service  of Grand Service  of Gra	or combilications the re. Light only one combined to the combi	o (OR AS A CONS	deeth. Do n ne.	3204 ot enter the mo	Moun	uner tain	al Hom Road	e of Pasa	Pa	sadena a, Md. 2
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M.D./7845 OAKWOOD ROAD,

32. REGISTRAR'S SIGNATURE
That Davidson-Randese

#204/GLEN BURNIE, MARYLAND 21061

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1991

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	and the manner of ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24	To be strained DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the its strain of the strain of the strain and Mental Hygiene prior to burial, cremation, or removal.	INNOTANCE IT Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEMENT'S NAME (First, Middle, Last)	ST	21.000	2040		2. DATE OF DEAT		EAR 3. TIME OF DEATH				
H	4. SOCIAL SECURITY NUMBER	5. SEX (	. AGE (In yrs. last birthd	ay) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	1 8.	BIRTHPLACE (State or Foreign				
ı	245-54-2147	1 - M 2 XF	90m	S. MONTHS DAYS	HOURS MIN.	(Month, Day, Ye	7-00	Country) N.C				
L	Sa. FACILITY NAME (It not institution, give	dicul (	Center	Ba (	OR LOCATION OF D		9c. COUNTY	OF DEATH				
10-	10a. STATE 10b. COUNT	гу	10c.	Ba Ho	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	100. STREET AND NUMBER Cayleview Road 101. ZIP CODE 109. CITIZEN.											
1	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced		EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes,	ECENDENT OF HISPA apacity Cuban, Maxico ES 2 NO Specific	in, Puarto Rican, at		RACE — American Indian, Black, White, etc. Specify: Black				
F	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY											
H	17. FATHER'S NAME (First, Middle, Last)	7 .			18. MOTHER'S NA	ME (First, Middle, M	alden Surgame)					
L	Giff 1	Peruis			Cur	thina	per	115				
	19a. INFORMANT'S NAME (Type/Print)	ore	19b. MAIL	ING ADDRESS (Street	at and Number or Rural	Route Number, City	or Town, State, Zip Co	90) N/7 17 17				
ŀ	20a. METHOD OF DISPOSITION	ore	20h BLACE AND E	DATE OF DISPOSITION	ON INAME	DATE 20	c. LOCATION — City	or Town, Stata				
1	1 Seurial 2 Cremation 3 Rer	moval from Stata	of complary exema	atory briother place)	Cen	531-9	Ba Ho.	red				
	21. SIGNATURE OF FUNERAL SERVICE L	Gliffer		Mar.	AND ADDRESS OF FA	HWest						
	23. PART I. Enter the diseases, or ahock, or heart fellure			Do not enter the r	mode of dying, suc	th as cardiac or	reapiratory arread					
		B. DUE TO (	e on each line.	SE OF):	10-0	chas f	respiratory arrest	Interval Betwe				
	ahock, or heart fellure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO ((  c. DUE TO ((  d.	OR AS A CONSEQUENCE OF AS	E OF):	i Har	Part i. 24a. W	as an autopsy error medical control of the control	Interval Betwee Onset and Decorate and Decor				
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	accommendate to the manner of the second and indicate or other frammelle event the medical eventues he notified at once
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	1. DECEDENT'S NAME (First, Middle, Lest)	AGN	NES A.	STI	ELPER	2				TE OF DEATH	Y	YEAR	3. TIME OF DEATH
ш	AGNES STIELPER					-				TE OF BIRTH		191	2 · 15 a M
	220-44-2704	5. SEX	8. AGE (In yrs. Is 8.8	YRS.	IF UNDER	DAYS	HOURS	MIN.		onth, Day, Year)		Country	1)
		, X	00	Tho.	at 0000	TOWN O	0.0017	ON OF DE		7-7-02			ington, D.C.
00	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF											IT OF DE	EATH.
12	CHURCH HOSPITAL CORPORATION   BALTIMORE CITY												
DIRECTOR	10s. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION										10d. INSIDE CITY LIMITS?
	MAryland				Bal			City					1 X YES 2 NO
PAL PA	10e. STREET AND NUMBER					101	. ZIP COL	_			.17		HAT COUNTRY?
FUNERAL	2407 Pelhan Ave.	12. WAS DECEDEN	IT EVED IN II S A	DMED	[ 12 1	MO DEC		213	NIC OR	GIN? (Specify Yes	-	S.A.	— American Indian,
	1 Never Married 2 X Married	FORCES? 1	YES 2 V	NO	11	f yes, sp	ecity Cub		in, Puer	to Rican, etc.)	01 110-	Black	, White, etc.
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COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. D	ECEDENT'S	work done d	CUPATIO	ON st of work	ina		16b. KIND OF BUS	INESS/IND	USTRY	
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MP	12 yr's		0.	.5. 6	overn	ımen				Disbu		וט ז	Tice
	17. FATHER'S NAME (First, Middle, Last) Otto  A	luth						nna	ME (Firs	st, Middle, Maiden	rres		
B	19a. INFORMANT'S NAME (Type/Print)	lu cii		DS MAILIN	C ADDRESS	(Street #			Florida M	umber, City or Tow		Code)	
2	Mr. George J. Sti	elper			e as		ord reamo	or riores	TIODIO IV	arribor, only or row	i, oraro, aqu	0000)	
	20a, METHOD OF DISPOSITION	•	20b. PLACI	E OF DISPO			netery, cre	matory or		20c. LO	CATION —	City or To	wn, Stata
	206. METHOD OF DISPOSITION  1 A Burlai 2 Cremetory or 20ther (Specify)												Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Paul	- Hartso	ck,Jr.					FACILITY Baltimore, Md. 21214				
	+ Paul L LL	atr-1	4		1	_eon	ard	J. R	luck	, Inc. 5305 Harford Rd.			
	23. PART I. Enter the diseeses, or c	omplications the	caused the c	leeth. Do	not enter	the mo	de of d	ying, suc	h as c	ardisc or reapi	ratory arr	est,	Approximate
	ahock, or heert fallure. List only one one on each line.  IMMEDIATE CAUSE (Final disease or condition Cand) as Failure											Onaet and Death	
	disease or condition resulting in death)	Carre	hae	Fo	inlu	ul	-						
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):								0.(1)			
Z	Sequentially ilst conditions,	- xp	sis .										24 hours
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUESTO	(OR AS A CONS	EOUENCE (	OF):								
를 2	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONS	EOUENCE (	OF):								<del>-</del>
RT	resulting in death) LAST												
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¥	PART ii. Other algnificant conditions	s contributing to	death but not	reautting	in the un	iderlyln	g cause	given in	Part I	24a. WAS AN		246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ŏ										1 TYES 2	(KONO		OF DEATH?
M													1 - YES 2 0 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF	DEATH (C/	heck onl	v one)			
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER		ne 5 🗆 I	Rasidence	8 🗆 0	Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE O	F INJURY Day, Ybar)	28b. Ti	ME OF		JURY AT		28d.	DESCRIBE HOW	NJURY OC	CURED	
BY P	1 Natural 5 Pending 2 Accident Investigation	(maran,	Duy, 1000)		М	1 🗆		□ NO					
	3 Suicide 6 Could not be	28a, PLACE building	OF INJURY - At I	ho <i>me</i> , ferm	atreet, fact	tory, offic	ca			LOCATION (Street City or Town, State,		or Rural	Route Number,
TED	4 Homicide detarmined							-1					
12	29a, CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best o	if my knowledge,	death occu	rred at the t	lime, deti	and pla	ce, and du	a to the	cause(s) and me	nner as sta	ted.	
BE COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of	examination and/o	r investige	ilon, in my o	opinion,	death occ	ured at the	e time,	data and place, a	nd due to th	ne cause(	a) and menner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIES						29c. LI	CENSE NU	MBER		29d. DAT	E SIGNED	(Mogth, Day, Year)
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1	20. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	JSE OF DEATH (IT	TEM 27) (Ty)				1	0	2 1	1		0 11110
	31 DATE FHED TO THE MOOR!	32. REGISTR	AR'S SIGNATURE		Mu	ru	110	5604	····χ	. 1920	Tun		Ma)
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	1	FOR STATE REGISTRAR	STATE OF MARYLA	OERTIFIC	MENT OF H	DEATH AND I	REG. NO		14007		
		JOHN F.	Slatte	14			2. DATE OF DEATH	9 97	3. TIME OF DEATH		
8		049-22-2527	. 400 /		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/11/29	Co	RTHPLACE (State or Foreign untry)		
2, 3 should		Anne Arundel	medical	Center	Ann	PREDICATION OF DE		Anne	F DEATH		
Dise 1, 2, 3	Dinec	Maryland Ann	e Arundel	10c. CITY,	Annapo			10d. INSI LIMI 1 🔀 YES			
	COAL	140 Cranes Crook	// ———————————————————————————————————			21401		U.S.A.			
00 pg 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		II. MARITAL STATUS    Never Merried 2  Merried   Widowed 4  Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES	. WAS DECEDENT EVER IN U.S. ARMED 13. W			IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.) /:	e or No- 14. R			
2121 al or atte for use a		15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life Do NOT use militard )				SINESS/INDUSTR			
YLAND 21; by the hospital or obe detached for us at once.		6 YY'S  17. FATHER'S NAME (First, Middle, Last)					Boatin		es		
retained by 5 should be notified at		UNKN 198. INFORMANT'S NAME (Type/Print) Mrs. Pauline Slat		The state of the s	DDRESS (Street of		UNKNOWN  Route Number, City or Tow	vn, State, Zip Code	)		
ORE, I e 6 may be ector, page 6		20e. METHOD OF DISPOSITION    X Burlet 2 Cremetion 3 Remo	20b	PLACE AND DATE ( semetary, crematory of Greek Co	OF DISPOSITION r other place)	(Name	. 1	DEATION — CHY O			
ALTIM death. Page funeral dir		21. SIGNATURE OF FUNERAL SERVICE LIC	Paul L. Ha	rtsock,Jr.	22. NAME A	ND ADDRESS OF FA		more,Md			
B., P.O. BOX 68760, B., attending physician and completely filled in by the rital Hygiene prior to burial, cremation, or removal y, or other traumatic event, the medical		23. PART I. Enter the diseases, or canock, or heart fellure. I immediate cause or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	the death. Do not not line.  CONSEQUENCE OF)  CONSEQUENCE OF)  CONSEQUENCE OF)	Con	LA L	- 1	g dos	Approximate interval Between Onset and Death Mo. TZ		
SECORDS equires that the cen signed by the of Health and Me thows any Injury	EDICAL PROPERTY.	PART II. Other significant condition	0	new pain	the underlyin	10.	Part I. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
1 3 6 5 W	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   DATO	HOSPITAL:		OTHER:	LACE OF DEATH (C)					
2 7 2 A	- 10	27, MANNER O DEATH  1 Neturat 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT					28d. DESCRIBE HOW INJURY OCCURED		
TISIC TTEND TTEND TEND TEND TEND TEND TEND TE		3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, factory, office  281. LOCATION (Street and Numb. City or Town, State)					er or Rural Route Number,		
		(Oneck only	CIAN: To the bast of my knowl R: On the basis of examination						use(e) and manner as stated.		
PORT HE		SIGNATURE AND TITLE OF CERTIFIER	auber m	0		29c. LICENSE NU	755	1 5	NED (Month, Day, Year)		
268₹		ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	121		0110			go lis, Md.		

3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign

2 DATE OF DEATH

7. DATE OF BIRTH

28

MONTH

IF UNDER 24 HRS.

BALTIMORE, MARYLAND 21203-3146

BOX 13146,

P.0.

DIVISION OF VITAL RECORDS,

ara

4. SOCIAL SECURITY NUMBER

zabeth

5. SEX

IF UNDER 1 YEAR

-a

6. AGE (In vrs. last birthday)

1 🗆 M 2 💢 F Michigan 6 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH FAILSTON G Genera Harford RECTOR 10c CITY TOWN OR LOCATION 10e STATE 10h COUNTY 10d. INSIDE CITY Harford Belair Maryland 1 X YES 2 NO 100. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 500 Ponderosa Dr. U.S.A. 21014 Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11 MADITAL STATUS 14. RACE — American Indian, Black, White, etc. **burdal** Η 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced BY White funeral director, page 5 should be detached for use as the COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 165 KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8 yr's Housewife 17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Julien ¥ Frank Caver B notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as #10 Mrs. Mary Jane Houpt 2 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremetton 3 Removel from State
4 Donation 5 N Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State must Lorraine Park 6/1/91 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214 examiner urs after death. Leonard J. Ruck, Inc. 5305 Harford Rd. Harbock filled in by the 23. PART I. Enter the disesses, or complications that could the death. Do not enter the mode of dying, such as cerdisc or respiratory street, shock, or heart feliure. List only one cause in each line. medical Interval Between 6 Onset and Death IMMEDIATE CAUSE (Finel the and completely fille burial, cremation, disease or condition resulting in death) executed within traumatic event, DUE TO (OR) AS A CONSEQUENCE OF): ortic stenous. CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician an Dept. of Health and Mental Hygiene prior to t 1.23 shows any Injury, or other trauma HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ( Eseme DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NAO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item After this certificate death with the State HOSPITAL: OTHER: 1 YES 2 NO atient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) ò 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending М 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide -L DIRECTOR: A hours after de COMPLETED 6 Could not be 4 Homicide 28 Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE P BE Andw Novelverles 5/28/9 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (MONTH, Day, Year)
MAY 3 0 1991 32. REGISTRAR'S SIGNATURE Lulia Devidson-Rondon DHMH-16 Rev 1/89

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

14589 91

	1 - STATE REGISTRAR CERTIF	ICATE OF DEATH	REG. NO.			
1.13	IT. DECEDENT'S NAME (First, Middle, Last)	AANC	2. DATE OF DEATH MONTH 5 29 9	YEAR 3. TIME OF DEATH		
ij	4. SOCIAL SECURITY NUMBER  3. SEX  1 M 2 XF  8. AGE (In yrs. last birthday)  1 M 2 XF	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Marth / 1961) / 03/07/08	8. BIRTHPLACE (State or Foreign Country)		
TOR	PACILITY NAME (If not institution, give street and number)  NASON F. LORO	96. CITY, TOWN OR LOCATION OF DE	ATH 9c. COU	9c. COUNTY OF DEATH BALTO		
DIRECTOR		TY, TOWN OR LOCATION		10d. INSIDE CITY		
٥	MD B	ALTIMORE, CITY		1 🕅 YES 2 🗌 NO		
FUNERAL	2023 E. LANVALE STREET	21213		USA		
B≺	11. MARITAL STATUS  1  Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexice 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, atc. Specify: BLACK		
COMPLETED	(Specify only highest grade completed) (Give kind of life. Do NOT	S USUAL OCCUPATION I work done during most of working use retired.)  EWIFE	18b. KIND OF BUSINESS/INC	DUSTRY		
OMF	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Maiden Surname)			
BE C	RICHARD SIMMONS		SIMMONS			
TO B		G ADDRESS (Street and Number or Rural				
	EVELYN MACK 2023	OSITION (Name of complete competent or	/E./BALTIMORI	City or Town, State		
	1 N Buriel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify)  MT. ZIO	N CHURCH CEMET		Y CO, S.C.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	CILITY			
	Francis And		F.H. 1101 E			
	23. PART I. Enter the diseases or complications that caused the death. Do abock, or heart failure. List only one cause on each line.	not enter the mode of dying, auc	h as cardlec or respiratory ar	Interval Between		
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	OFI:		Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	lcev				
DICAL	PART II. Other algnificent conditions contributing to death but not resulting	In the underlying cause given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDI			1 TYES 2 NO	OF DEATH?		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (C)	eck only one)			
SICI	EXAMINER?  1 YES 2 NO  HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   DOA	OTHER: 4   Nursing Home   8   Reeldence				
ВУ РНУ		IME OF NJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OC	CURED		
8	3 Suicide a Could not be determined  28e. PLACE OF INJURY — At home, farm building, etc. (Specify)	, straet, fectory, office	281. LOCATION (Street end Number City or Town, State)	or Rurel Route Number,		
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurrence of the best of the best of my knowledge, death occurrence of the best of the be					
BE	296. BIGHAT ONE AND TITLE OF CENTIFICATION RICHARD P. Chandle	envetted DZ	MBER 46 ≥ 29d, DA	TE SIGNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)	POLAVE BAL	o MDa	1224		
	31. DATE FILED (MOTO TO MAN) S2. REGISTRAR'S SIGNATURE MAY 3 0 1991 Julian	Tevidor Broke		-		

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ter this certification with the	marked, or it
R: After this certification with the S	i is marked, or it
ECTOR: After this certification of the State	n 28 is marked, or it
DIRECTOR: After this certification with the 5	item 28 is marked, or it
ERAL DIRECTOR: After this certification 72 hours after death with the 5	T: If Item 28 is marked, or it
FUNERAL DIRECTOR: After this certifit within 72 hours after death with the 5	TANT: If Item 28 is marked, or it
THE FUNERAL DIRECTOR: After this certification within 72 hours after death with the 5	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach he find within 27 hours after death with the State Dent, or Health and Mental Hydiene brior to burial, cremation, or removal.

	FOR 1 - STATE REGISTRAR	STATE OF I					EALTH AND DEATH	MEN	TAL HYGIEN REG. NO	_	14!	590	
	1. DECEDENT'S NAME (First, Middle, Last)					11	97	M	ATE OF OEATH		3. TIM	E OF OEATH	
	Mary Jane 4. SOCIAL SECURITY NUMBER	Smith 5. SEX	8. AGE (in yrs.	. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.		ATE OF BIRTH			(State or Foreign	
	216-58-3889	1 🗌 M 2 💢 F	88	YRS.	MONTHS	DAYS	HOURS MIN.		onth, Day, Year)		country)	and	
_	9s. FACILITY NAME (If not institution, give str	1004			96. CITY		R LOCATION OF			9c. COUNTY	OF DEATH		
DIMECTOR	1719 Gwynns Falls Parkway Baltimore												
F F	10a. STATE 10b. COUNTY				TY, TOWN							ISIDE CITY	
	Maryland  100. STREET AND NUMBER				Balt	_	re	_		I 100 CITIZEN	1 🔯	YES 2 NO	
EKA	1719 Gwynns Fa	11s Pai	rkwav			100	21217				S. A		
BY FUNEHAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN		<b>™</b> NO	1 2	If yes, sp		can, Pus	IIGIN? (Specify Ye rto Rican, stc.)			erican Indian.	
LEIED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)			. DECEDENT'S (Give kind of life. Do NOT u	work done				16b. KIND OF BU	SINESS/INDUS	TRY	DL-ack	
COMPL	CT CATHER'S MARK (Circ Middle Lost)			Do	mest	ic		1		2			
	17. FATHER'S NAME (First, Middle, Lest)						16. MOTHER'S N	IAME (FI	rst, Middle, Maiden	Surname)			
IO BE	19s. INFORMANT'S NAME (Type/Print) Sadie Norris			19b. MAILIN					Number, City or Tow		4.	1217 MD	
	20e. METHOD OF DISPOSITION 1 ☑ Burisl 2 ☐ Cremetion 3 ☐ Remo	oval from State		ACE ANO OAT	TE OF DISP	OSITION		- m		CATION - City		its	
	4 Donation 5 Other (Specify)	rusky .	Wes	stern	Sta	rC	emeter	y 15	/25 Ba	1timo	re, l	Maryland	
ı	· Say L.	Follu	in		2	501 alt	Gwynn imore,	s <sub>M</sub> F	Nutter alls F ryland	Fune arkwa 212	ral F	Homes	
	23. PART I. Enter the diseases, or c shock, a haert failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ca	O (OR AS A CON	IIII A	OF):		480			iratory arrest		Approximate interval Between Onset and Death	
5	Sequentieily jist conditions.			De		no	14						
4	if any, leading to immediata cause. Enter UNDERLYING	DUE TO	OR AS A CON				pulm	Lov	nam	an	e81.		
HIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CON										
2	PART II. Other significent condition	a contributing to	death but n	ot resuiting	in the u	nderlyin	g cause given i	n Part	i. 24a. WAS AF	AUTOPSY	24b. WERE	AUTOPSY FINDINGS	
MEDICA									1 TYES			LETION OF CAUSE LATH?	
											10	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			-		26. PI	ACE OF OEATH (	Check or	nly one)				
200	EXAMINER?	HOSPITAL:	☐ ER/Outpetien	nt 3 🗆 DOA	OTHE		11		Other (Specify)				
BY PHYSICIAN:										INJURY OCCUP	RED		
	3 Suicide 8 Could not be datarmined	, atreet, fac	reet, factory, offics			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE											nanner se stated.	
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	s) m				File	29c. LICENSE N	UMBER	5	29d. DATE 8	1241	n, Day, Year)	
	30. NAME AND ADDRESS OF FERSON WHO	upen	Rim	vo :	2601	LI	perty	+	er Ave	2 B9	11 m	021215	
	MAY 3 0 1991	32. REGISTA	AR'S SIGNATUR	RE									

1. DECEDENT'S NAME		Eum Sn	न गि						2. DATE O	F DEATH	4	YEAR 91		6 5 Z
4. SOCIAL SECURITY 213 - 32 -	UMBER	6. SEX	8. AGE (In yrs. 5 7		IF UNDER	1 YEAR DAYS	IF UNDER 24 I	HRS.	7. DATE O			B. BIRT Coun	HPLACE	(State or Foreign
De EACH ITY NAME //	not inethation who s						R LOCATION			J1 5	9c. COUN	YTY OF	DEATH	rd
RESIDENCE OF					Y, TOWN C							7+0		NSIDE CITY
MD	1	oward		EI	lico	#	C;+	Y					1 🗗	VES 2 NO
100, STREET AND NUM	T. IDA	Drive	>			101	Z 10	43			10g. CITI	ZEN OF	S, K	OUNTRY?
11. MARITAL STATUS 1 Never Merried 3 Widowed 4		IF YES, GIVE W	TES 2		3	If yes, spe	ENDENT OF Heelify Cuben, is				s or No			ericen Indian, e, atc. 3 lack
	DECEDENT'S EDU ly only highest grade ary (0-12)			DECEDENT'S (Give kind of a life. Do NOT us	work done (se retired.)	during mo	st of working		16b.	KIND OF BU		USTRY		
17. FATNER'S NAME (F	rst, Middle, Last)			Di	sabi	llit	_	'S NAMI	E (First, M	SS Iddle, Malden				_w,
Walter							F10	ore	nce	Baco	on			
19e. INFORMANT'S NA							nd Number or							MD 010
Ruth Ba									E.		ott (		_	MD 2104
20a. METHOD OF DISF			20b. PLA	CE OF DISPOS	SHIDN (No	BITTED UT COTT	netery, cremato						IUWN, St	
1 N Burial 2 Cre 4 Donetion 5	mation 3 - Rem	oval from State	other	place)			erv/(		risc	on (				
1 Buriel 2 Cre 4 Donetton 5   21. SIGNATURE OF FU  23. PART I. Enter t	mation 3 - Remother (Specify)	Bul	MD V	etera	an Ce	emet NAME AN 2501 Balt	ery/( DADDRESS GWY)	Gar OF FACI Inns	Fa: Mar	utte 11s l vland	Owing Fur Parky	ner way	1il al 6	Homes Approximate
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1X Burial 2 Cre 4 Donetion 5 Cre 4 Donetion 5 Cre 21. SIGNATURE OF FU  23. PART I. Enter to shock, IMMEDIATE CAUSI disease or condition resulting in death)  Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death)  PART II. Other sign CAUSE (Disease or that initiated event resulting in death)  PART II. Other sign CAUSE (Disease or that initiated event resulting in death)  25. WAS CASE REFERIE EXAMINER?  1 YES 2  27. MANNER OF DEAT	metion 3 Remother (Specify)  WERAL SERVICE LI  Metal Service LI  M	CENSEE  Complicatione that List only one cause.  B. DUE TO	Other MD V	desth. Do dine.  desth. Do dine.  GEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O	OTHE:	emet NAME AN 2501 3alt The mo ((a) 164) 164 164 164 165 165 165 165 165 165 165 165 165 165	g couse give	Gar OF FACI INS INS INS INS INS INS INS INS INS IN	Se cerdi	utte: 11s   ylance	AUTOPSY RAMED?	gs Mary 121 121 121 121 121 121 121 121 121 12	1111 all all 66	Approximate interval Betwee Onset and Desi
1X Burial 2 Cre 4 Donetion 5 Cre 4 Donetion 5 Cre 21. SIGNATURE OF FU  23. PART I. Enter to shock, immediate Causa disease or condition resulting in death)  Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death)  PART II. Other signature of the causa ca	metton 3  Rem Differ (Specify)  VERAL SERVICE LI  Whe disesses, Dr Dr heert feiture.  (Finsi Print	CENSEE  Complications that List only one case  S. DUE TO  B. DUE TO  C. DUE TO  d. HOSPITAL: 1   Inpatient 2' 280. DATE Of (Month, L.) 1983 280. PLACE Coulding.	other  other  other  other  consider the use on each if  other  it coused the  other  it couse	desth. Do dine.  desth. Do dine.  GEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  MINUMANO  100 A   OTHEL  OT	PME to NAME AN 2501 Balt or the mo	g couse give	Gar OF FACILITY OF	eart I.  Cart II.  Cart I.  Cart I.  Cart I.  Cart I.  Cart I.  Cart I.  Cart II.  Cart I.  Cart I.  Cart I.  Cart I.  Cart I.  Cart I.  Cart II.  Cart III.  Cart III	24a. WAS AI PERFO 1 YES  25 (Specify) CRIBE HOW ect fe ATTON (Street	Fur arky arretory sreeters and surropsy amed?	ner way 121 21 22 22 22 22 22 22 22 22 22 22 22	Ail  al  6	Approximate interval Betwee Onset and Desi	
23. PART I. Enter to shock, IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death)  PART II. Other significant in the condition of the con	metton 3 Remother (Specify)  NERAL SERVICE LI  N	CENSEE  Complicatione that List only one case  S. DUE TO  B. DUE TO  C. DUE TO  d	cother other was a considerable with the con	desth. Do desth.	on Ce 22. 22. 22. 25. 27. 27. 27. 27. 27. 27. 27. 27. 27. 27	nderlying  28. Pt  R: rsing Hom  28. INJ  28. IN	g ceuse glv	en in P	Part I.  Part I.  Cart I.  Cok only one Color City of Unknown	24a. WAS AI PERFO  (Specify) CRIBE HOW ect fe ATION (Street FOWN, State OWN	Autropsy RMED?  2 P(NO	gs Nerway 121 21 21 21 21 21 21 21 21 21 21 21 21	Ail  al  6	Approximate Interval Betwee Onset and Design Autopsy Finding ABLE PRIOR TO LECTION OF CAUSE ATTITY YES 2 7 NO
1X Burial 2 Cre 4 Donetion 5 Cre 4 Donetion 5 Cre 21. SIGNATURE OF FU  23. PART I. Enter to shock, IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death)  PART II. Other significant of the signi	metton 3 Remother (Specify)  NERAL SERVICE LI  N	CENSEE  Complications that List only one case  S. DUE TO  B. DUE TO  C. DUE TO  d. HOSPITAL: 1   Inpatient 2' 280. DATE Of (Month, L.) 1983 280. PLACE Coulding.	cother  MD V  Triple  (OR AS A CONITOR A CONIT	desth. Do desth.	on Ce 22. 22. 25. Provide Street A I Number of Manual Me	nderiying  28. Pi R: rsing Hom  28. INJ   g ceuse glv	en in P	Part I.  Part I.  Cok only one	24a. WAS AI PERFO  (Specify)  CRIBE HOW ect fe ATION (Street or Town, State OWN)	AUTOPSY RMED? 2 PR NO	gs Mer way 121 21 21 21 21 21 21 21 21 21 21 21 21	111 al 6	Approximate Interval Betwee Onset and Desi	
1X Burial 2 Cre 4 Donetion 5 Cre 4 Donetion 5 Cre 21. SIGNATURE OF FU  23. PART I. Enter to shock, IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death)  PART II. Other significant of the signi	metion 3 Remother (Specify)  WERAL SERVICE LI  When diseases, Dr  Dr heert feliure.  ((Finsi  Dr)  Injury  LAST  Injury  LAST  Injury  LAST  Injury  LAST  Could not be determined  CERTIFYING PHYS  MEDICAL EXAMIN	CENSEE  Complications that List only one cause.  B. DUE TO	cother  MD V  Triple  (OR AS A CONITOR A CONIT	desth. Do desth.	on Ce 22. 22. 25. Provide Street A I Number of Manual Me	nderiying  28. Pi R: rsing Hom  28. INJ   g ceuse glv	Gar OF FACILITY OF	BER	24a. WAS AI PERFO  (Specify)  CRIBE HOW ect fe ATION (Street or Town, State OWN)	I AUTOPSY RMED?	CURED or or Rure	Alilial all 66	Approximate Interval Betwee Onset and Desi	

June R Aug

BALTIMORE, MARYLAND 21215-0020 ::	eth. Page 6 may be retained by the hospital or attending physician.	neral director, page 5 should be detached for use as the burial-transit armit.	iminer must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Juns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR					MENTA	AL HYGIEN REG. NO		•	14075
1. DECEDENT'S NAME (First,	1	ing.	Edna 0.	Ster	ling				2. DAT MON		AY Y	YEAR 91.	3. TIME OF DEATH . 11 . 16 P. M
4. SOCIAL SECURITY NUMBER 219 - 05 -		5. SEX	8. AGE (In yrs. In 71	st birthday) YRS.	IF UNDER 1		IF UNDER	24 HRS. MIN.	7. DATE	e OF BIRTH only, Day, Whar) 1 23,1	920	Country	PLACE (State or Foreign
9e. FACILITY NAME (If not ins	titution, give a	street end number1			9b. CITY,	A a			EATH		7	NTY OF DE	EATH
Harbor Hos	-	Center	-	,-	Ba	Uti.	na	e,	M	D.		13	allinere
10a. STATE Maryland	10b. COUNT	A	at .	10c. CIT	Y, TOWN OF	R LOCATIO		Ral t	imor	0			10d. INSIDE CITY LIMITS?
10s. STREET AND NUMBER		Baltimo	re			101. 2	ZIP CODI		IMOL		10a, CIT	IZEN OF W	1 X YES 2 NO
908 Victo	ry Av	e.							2122	25			d States
11. MARITAL STATUS  1 Never Married 2 1  3 Widowed 4 Divor		FORCES?	NT EVER IN U.S. AI I YES 2XXX MAR OR DATES		H		ify Cube	m, Mexico	en, Puerto	ilN? (Specify Ye o Ricen, etc.)	or No-	14. RACE Black, Specifi	- American Indian, , White, etc. y: White
	DENT'S EDU highest grade		S	ECEDENT'S Give kind of u b. Do NOT us Homen	work done di	uring most		ng	16	Sb. KIND OF BU		Domes	tic
17. FATHER'S NAME (First, Mit Edward	ddle, Last)		Wi	illey			18. MOT		AME (First	, Middle, Malden	Surname)	Ev	ans
190. INFORMANT'S NAME (7) Eleanor R.		rson	11							mber, City or Tow		p Code) L 22	
20a. METHOD OF DISPOSITION  1 X Buriat 2 Cremetion  4 Donation 5 Other	n 3 🗆 Rem	noval from State	of cemetar	E AND DATE  y, crematory  Hil	or other pla	ace)		21				City or Tox	
21. SIGNATURE OF FUNETIAL		191	a sanaa		22, N	cCul	ly 1	ss of F	ral	Home o	f Pas		a
IMMEDIATE CAUSE (findisease or condition resulting in death)  Sequentially list condition if any, leading to immediately list conditions.	ons,	DUE TO	O (OR AS A CONSI	Sho (	F):	-							Interval Between Onset and Death
cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events reaulting in death) LAST	ry S	d.	OR AS A CONS	EOUENCE O	F):								
PART II. Other significant			Vary	Fi		darlying SIBC	,	given ir	Part I.	24a. WAS AI PERFO 1 VES	RMED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		VCE OF E	DEATH (C	heck only	one)			
1 YES 2 NO			ER/Outpatient	3 DOA	_			asidence	***	her (Specify)	IN HIEV C	CHIPED	
Natural 5 🗀	Pending Investigation	(Month,	Day, Year)		JURY M	WOR		□ NO	28G. D	EQUNIDE NUW	HIJOHT OF	COUNCD	
3 Suicide 6	Could not be datermined	28e. PLACE	OF thJURY — At t , etc. (Specify)	home, farm,	street, facto	ory, office				OCATION (Street Ity or Town, State		er or Rural R	Route Number,
one)		SICIAN: To the best of											i) and manner as stated.
296, SIGNATURE AND TITLE RAWIN K	. Ro	er, H	ouse o	VV	er		29c. LtC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year) 24 -91.
Rengh K	PERSON W	7 1	S. H	EM 27) (Type	e, Print)	st	, ρ	sat	tim	we, 1	10	212	-30.
31. DATE 45 30 79	91 4	ple Devilo	AR'S THAT	2									

	DIRECT
THE PROPERTY OF	FUNERAL
	BY
	TO BE COMPLETED
	CATION

notified at

examiner must be

the medical

traumatic event,

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

FOR STATE REGISTRAR		STATE OF I	MARYL					DEA'		MENTAL HY	GIENE G. NO.
1. DECEDENT'S NAME (First	, Middle, Last)									2. DATE OF DE	
CHARLES		J.				SE	ARS	SI	₹.	5	21
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE	in yrs. last	birtnday)	IF UNDER	1 YEAR	IF UNDE	24 HRS.	7. DATE OF BII	
218-28-789	8	1 🙀 M 2 🗆 F		58	YRS.	MONTHS	DAYS	HOURS	MIN.	04-30	-1933
90. FACILITY NAME (If not in	stitution, give s	treet end number)				9b. CITY	, TOWN	OR LOCAT	ON OF D	EATH	9c. C
UNIVERSIT	Y HOS	PITAL/S	HOC	K TI	RAUM	Α	BAL	TIMO	ORE	CITY	1 1
RESIDENCE OF DEC	CEDENT										
10a. STATE	10b. COUNT	Y		-	10c. CIT	Y, TOWN	OR LOCA	TION			
Maryland					Ва	alto	.Ci	ty,	Md.		
10e. STREET AND NUMBER							10	1. ZIP COD	E		10g.
538	B E.C.	lement	St.					21	230		
	Married	12. WAS DECEDED FORCES? IF YES, GIVE	YES	27530			If yes, sp		n, Mexico	NIC ORIGIN? (Spi an, Puarto Rican, fy:	
	EDENT'S EDU			(G/	ve kind of			ON ost of work	ng	16b. KIND	OF BUSINESS
6th.Grade		College (1-4 or 5	+)			se retired.)	erat	or		A1	lied

	OWN OR LOCAT				10d. INSIDE CITY LIMITS?
Bal	to.C1	ty,Md.			1 🔀 YES 2 🗌 NO
	101	21230		USA	OF WHAT COUNTRY?
D D	If yes, spe	ENDENT OF HISPANIC Of the Country Cuben, Mexican, Put 2 NO Specify:		or No- 14	RACE — American Indian, Black, White, atc. Specify: White
EDENT'S USU e kind of work Do NOT use re	UAL OCCUPATION done during monthined.)	ON st of working	16b. KIND OF BUS		
ess 0	perat	or	Allie	d Cor	tainer Co.
Sears	5	16. MOTHER'S NAME (	First, Middle, Melden		lorton
		nd Number or Rural Route ent St.B			
	disposition ther place n Mem	Name orial Pk			or Town, State nie, Md.
	22. NAME AN	ID ADDRESS OF FACILITY	Balto	162 5	11000
	McCu1	ly Funer			E.Fort Ave.
qu		ly Funer	sl Home	,130	E.Fort Ave.
ath. Do not			sl Home	,130	E.Fort Ave.
Gu GCE OF:			sl Home	,130	E.Fort Ave.
qu			sl Home	,130	E.Fort Ave.
UENCE OF):	enter the mo		S1 Home a cerdiec or respir	AUTOPSY MED?	E.Fort Ave.
UENCE OF):	enter the mo	de of dying, such sa	S1 Home a cerdiec or respir	, 130 AUTOPSY	E. Fort Ave.  Approximate interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
UENCE OF):	enter the mo	de of dying, such sa	t i. 24a. WAS AN PERFOR	AUTOPSY MED?	E. Fort Ave.  t, Approximate   Interval Between Chaet and Death Chaet and Deat

14593

1991

9c. COUNTY OF DEATN

3. TIME OF DEATH

11;18 8. BIRTNPLACE (State or Foreign

Maryland

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated eventa resulting in death) LAST

Sequentielly list conditions,

disease or condition resulting in death)

17. FATNER'S NAME (First, Middle, Last)

194. INFORMANT'S NAME (Type/Print)

20a. METHOD OF DISPOSITION
XIXBURIAL 2 Cremation 3 R

4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Mrs. Virginia Sears

Louis

23. PART il Enter the diseases, or complications that caused the death. Do not enter shock, or heart feliure. List only one cause on each line.

PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part

20b. PLACE AND DATE OF DISPOSITION (Name

19b. MAILING ADDRESS (Street and Number or Rural Route

Gren Haven Memorial Pk

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH

1 Netural

2 Acciden

HOSPITAL:
1 | Input ont 2 | ER/Output ont 3 | DOA 28a. DATE OF INJURY 28b. TIME OF 8;40

5-21-91

DUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF)

28c. INJURY AT WORK? 1 YES 2 X NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, 538" E. CLEMENT ST.BALTO., MD.

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) end

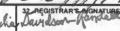
HOME

29c. LICENSE NUMBER

8 Could not be

C. M. E. 29d. DATE SIGNED (Month, Day, Year) ▶ 05-22-1991

111 PENN STREET BALTIMORE, MARYLAND 21201



BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached		IMPORTANT: If ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ag A	age		be
E	10°, p		ten
Page 6	u direct		ner m
death.	e funera	ı.	exami
afte	Sy th	mova	Icai
SUDOL:	lled in t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e med
in 2	ely fi	nation	=
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execute	and c	paria pri	natic
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END	H: A	b ret	-00
ATT	ECT	rs af	n 21
L OR	L DIR	Pour	ite
PITA	ERAL	in 72	T. If
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뿓	포	filed	20
2	2	2	Ξ

	1 - STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF H			AL HYGIEN			4594
	1. DECEDENT'S NAME (First, Middle, Last)					2. DA1	E OF DEATH		1 3.	TIME OF DEATH
	CHARLES F.	SOKOL JR.				MON	26,19	91	YEAR	1 P. M. W
		SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24	HOS 7 DAT	E OF BIRTH			ACE (State or Foreign
		X M 2 □ F 63	YRS.	MONTHS DAYS			Y 28,1	927	VIR	GINIA
LOR	98. FACILITY NAME (If not institution, give stree 4141 CLIFFVALE ROA  BESIDENCE OF DECEDENT	· · · · · · · · · · · · · · · · · · ·		BALTI		OF DEATH			LTIMO	
DIRECTOR	10a. STATE 10b. COUNTY	TIMORE	10c. C/1	BALTIMO		7				d. INSIDE CITY LIMITS?  YES 2 NO
FUNEHAL	100. STREET AND NUMBER 4141 CLIFFVALE ROA	D		10	2123	6			EN OF WHA	A .
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. / FORCES? 1 $\times$ YES 2 $\times$ IF YES, GIVE WAR OR DATES PEACE TIM	NO	13. WAS DEC	ENGENT OF Hecity Cuben, I	HISPANIC ORIG Mexican, Puert Specify:	GIN? (Specify Yes o Rican, etc.)	s or No-	Black, V	American Indian, White, stc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co-	TION 16a. I	DECEDENT'S (Give kind of life. Do NOT u		ON ost of working	1	6b. KIND OF BU			
MPI	NA	NA	CARI	PENTER			LOCA	L 101	UNIO	N
	17. FATHER'S NAME (First, Middle, Lest)  CHARLES F. SOKOL S	D					t, Middle, Maiden			
BE	19a. INFORMANT'S NAME (Type/Print)		105 MAR IN	ADDRESS (Street )					Codel	
5	ANNA M. SOKOL (WIF			CLIFFVA						6
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	20b. PLAI of cemeta		E OF DISPOSITION Y OF Other place) LL CEMET		D		CATION — C		
	21. SIGNATURE OF FUNERAL SERVICE LICEN		21 11741		ND ADDRESS	OF FACILITY	DA	LITIO	XE, FI	υ.
	Eigen	Loute	$\supset V$	SCHI	MUNEK	FUNERA	L HOME	-		21236
	23. PART i. Enter the disesses, or con shock, or heart fellum. Lie	mplications that caused the	deeth. Do	not enter the mo	de of dying	, such as c	ardiec or resp	Iratory srre	st,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	RESPIR	-							Onset and Death
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		TA I	Pec Li	ING	ca	ucer			July 90
MEDICAL	PART II. Other significant conditions  Auto ES  SIA Chum	contributing to desth but no OPHA 617 w Flux april	t resulting	in the underlyin	g cause giv	en in Part i.	24a. WAS AN PERFO 1 — YES	RMED7	A C	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:		HOSPITAL:	3 🗆 DDA	26, P OTHER: 4 Nursing Hor	-0	TH (Check only				
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c. IN	JURY AT ORK? YES 2 1	28d. I	DESCRIBE HOW	INJURY OCC	URED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm,	street, factory, offi	Ca		OCATION (Street lity or Town, State		or Rural Rou	rte Number,
COMPLETED	one)	AN: To the best of my knowledge, On the besis of examination and/								and menner as stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	in MO	,		The second of the second	SE NUMBER	2	29d. DATE	SIGNED IN	101th, Day, Year) 28/9/

8321 BELAIR ROAD, BALTIMORE, MD. 21236

30-NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

DR. MOYSES PURISCH,

31. DATE FILED (Month, Day, Year)

1. DECEDENT'S NAME (F	rst, Middle, Last)			100	ICAT				2. DATE	OF DEATH	47	YEAR	3. TIME OF	DEATH
BRANDON		L.	1000	3	Т	TIRNE	'R		05	1.4	n' 1	001	5:121	2 1
4. SOCIAL SECURITY NU	MBER	5. SEX	8. AGE (In yrs.	lest birthday)		R 1 YEAR	-	R 24 HRS.		OF BIRTH		B. BINTHE Country	PLACE (State	or Foreign
217-29-26	599	1 M 2 F		YRS.	MONTHS 10	DAYS	HOURS	MIN.	6	-29-19	90	Country	Md	
9a. FACILITY NAME (# no	institution, give s	treet and number)	-		9b. CIT	Y, TOWN O	R LOCAT	ION OF D	EATH		9c. COU	NTY OF DE	ATH	
CHEST PAIN RESIDENCE OF D 10e. STREET AND NUMBE 801 Ke		-ST AGNES	S HOSPI	LTAL		BA	LTI	10RE	CITY					v
RESIDENCE OF D	10b. COUNT	v		40. 00	DV TOWAL	OR LOCAT	TON.						10d. INSIDE	MEN
Md Md	100. COURT	*		10c. CI	IT, IUWR	OH LOCAL	ION						LIMITS?	
10a, STREET AND NUMB						L	. ZIP CO				T 45 - 0171		1 X YES 2	
801 Ke	vin Ro	ad				101	212						HAI COUNTR	177
11, MARITAL STATUS		12. WAS DECEDEN	T EVED IN IT C	ADMED	112	WAS DEC		_	NIC OBIGII	1? (Specify Yes		S A	- American	Indian
I I I I I I I I I I I I I I I I I I I	Married	FORCES? 1	YES 2		100	If yes, spi	ecify Cub	en, Mexica	en, Puerto	Rican, etc.)	or No.	Black,	White, etc.	
3 Widowed 4 D	lvorced	IF YES, GIVE W	MAR OR DATES			1 TYES	2 LANO	Specif	y:			Specify	Bla	CK
15. 0	ECEDENT'S EDU		16a.	DECEDENT'S	USUAL C	OCCUPATIO	ON		168	KIND OF BU	SINESS/IND	DUSTRY		
Elementary/Secondary	only highest grade (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	ist of work	ing						
4														
Specify Elementary/Secondary  17. FATHER'S NAME (First										Middle, Maiden	Surname)			
ш	Turne							-		night				
19a, INFORMANT'S NAMI										ber, City or Tow				
Wendy R.	knight			80	T K	evin	Roa	d B	altin	more,	Md 2	21229		
29a. METHOD OF DISPO	SITION	owel from State		CE ANO OAT					DAT		CATION -	City or Tov	wn, Stata	
4 Donation 5 Ot		TOTAL TOTAL OUT	_ we	stern					521	.91 C	atons	vill	e, Md	
21. SIGNATURE OF FUNI	HAL SERVICE LI	CENSEE			22	Marc Marc	ND ADDR	ESS OF FA	CILITY					
D Y A	Atra	40251	201			4300			h Ave	anua				
Sequentielly list con if any, leeding to impressed in the cause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L	nediata LYING njury	b. DUE TO	OR AS A CON	SEOUENCE (	OF): OF):									
<u> </u>		d											+	
	icent condition	ns contributing to	deeth but no	ot resulting	in the u	ınderiyin	g cause	given in	Part I.	24a. WAS AN		24b.	WERE AUTOP	
PART II. Other signif										1 DOYES			COMPLETION OF DEATH?	
ME ME													1 YES 2	NO NO
					2								,	
ZS. WAS CASE REFERRE EXAMINER?  1\times \times \times 2 \sqrt{ NO}  27. MANNER OF DEATH	TO MEDICAL					26. PI	LACE OF	DEATH (C	heck only o	ne)				
IXXVES 2 □ NO		HOSPITAL:	ER/Outpetien	3 🗆 DOA	4   No		ne 5 🗆 I	Residence	8 🗆 Oth	er (Specify)				
27. MANNER OF DEATH	-	28a. OATE Of (Month, I	F INJURY	28b. TI	ME OF	28c. INJ	JURY AT		28d. DE	SCRIBE HOW	INJURY OC	CURED		
1 Natural 5	Pending investigation	0.5	16 199		PM	1 🗆		₩ NO	SUB	ECT FI	FIJ. D	OWN !	STEPS	
0.77.0.1.14	Could not be	28e. PLACE (	OF INJURY - A		street, fa	ctory, offic	00		28f. LO	CATION (Street	and Numbe		loute Number,	
4 Homicide	determined	HOME	, etc. (Specify)						801	or Town, State	ROAD	BAL!	TIMORI	E. MD
29a. CERTIFIER 1 C	ERTIFYING PHYS	NCIAN: To the best o	f my knowledge	, death occur	red et the	time data	and play	co, and do	a to the co	use(s) and me			1 10/1/1	1-11
Torroom ormy		ER: On the basis of a											) and manne	r as stated.
206 SIGNABINE AND TI					-			CENSE NU		,,				
W // /		ME					Zac. Li				29d. DA	IE SIGNED	(Month, Day,	
							1	OCME			1 7115		17	199
O NO MATERIAL AND ADDRESS	OF PERSONAL WA	HO COMPLETED CALL	OF DEATH	ITEM AT /T	na Dalant		<u></u>	****	-		1 03	_	17	
P 30. HARRE AND ADDRESS			SE OF DEATH	(ITEM 27) (Typ		11 12	ENTAT	CULDE	יחשי	DATES				
0 10	W. 2	32. REGISTR	AR'S SIGNATUR	te.		11 P	ENN	STRE	ET	BALTIM		MARY		

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT	н	3. TIME OF OEATH
GEORGE RO	OSEVECT	TA	YCOR SR	MONTH	17 9	SAR 1252 PM
4. SOCIAL SECURITY NUMBER 225-36-8445			F UNDER 1 YEAR F UNDER 24 HR DHTHS DAYS HOURS MIN	Advent Dec M.		BIRTHPLACE (State or Foreign Country) Standardsvi Virginia
9a. FACILITY NAME (If not institution, give st	treet and number)	9	b. CITY, TOWN OR LOCATION OF	DEATH		Y OF DEATH
Holy Cross Hospita			Silver Spring	5	Monts	gomery
10e. STATE 10b. COUNTY		150	TOWN OR LOCATION			10d. INSIDE CITY
None None None		Wasi	nington, D.C.			N OF WHAT COUNTRY?
2906 Naylor Road S			22020		United	d States
11. MARITAL STATUS  1 Never Married 2 Married  3 Vidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D Korea	2 NO	13. WAS OECENDENT OF HIS If yes, specify Cuban, Ma 1  YES 2 NO Sp	kican, Puerto Rican, etc	y Yea or No- 14	s, RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade		18e. OECEDENT'S US	k done during most of working	16b. KIND OI	BUSINESS/INDU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Custod:	retired.)	Publ	ic Schoo	ols
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Mi	siden Surname)	
Henry E. Taylor			Mary N	forton		
19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or Ru	-		22020
Ella Cherry Taylo			aylor Road, S.			
20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Remarks Control of Contr	ovel from State of	cemetary, crematory or	of Disposition (Name other place) ily Cemetery	5/25 S	tandards	sville, VA
21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF	FACILITY		
* Journal K	). Course		Ryan Funera POB 3, Star		e VA	22973
IMMEDIATE CAUSE (Finel disease or condition	1					Onset end Death
resulting in death)	a. LUNG- DUE TO (OR AS	A CONSEQUENCE OF):	ER, OLE	TASTAT	10	142
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	A CONSEQUENCE OF):	ER, ME	TASTAT	10	1 YR
Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS		ER, ME	TASTAT	10	1 YR
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease Dr Injury that Initiated events	DUE TO (OR AS DUE TO (OR AS d.	A CONSEQUENCE OF):		in Part I. 24a, W	LS AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS d.	A CONSEQUENCE OF):		in Part I. 24a. W		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE OF):		in Part I. 24a. ₩ PE 1 □ Y	S AN AUTOPSY	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition	DUE TO (OR AS DUE TO (OR AS d.	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	the underlying ceuse giver	In Part I. 24a. WPE 1 V	AS AN AUTOPSY RECORMED? ES 2 M NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR AS DUE TO (OR AS d. Due To to deeth d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	26. PLACE OF DEATH OTHER:   Nursing Home 5   Reside:	(Check only one)  24a. W PE 1	AS AN AUTOPSY RECORMED? ES 2 M NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  tpetient 3 □ DOA □  26b. Time INJUI  Y — At home, farm, str	25. PLACE OF DEATH  27. PLACE OF DEATH  28. Number of Resides  OF 28c. INJURY AT WORK?  M 1 YES 2 NC	(Check only one)  24a. Will PE  1	AS AN AUTOPSY RFORMED?  SES 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	DUE TO (OR AS.  DUE TO (OR AS.  DUE TO (OR AS.  d.  DUE TO (OR AS.  d.  DUE TO (OR AS.  DUE TO	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  tipetient 3 DOA  26b. TIME INJUI  Y — At home, farm, etrecify)	25. PLACE OF DEATH  27. PLACE OF DEATH  28. Number of Resides  OF 28c. INJURY AT WORK?  M 1 YES 2 NC	(Check only one)  24a. WP PE 1	IS AN AUTOPSY RECORMED?  ES 2 NO  NOW INJURY OCCU.  Street and Number of States  d menner as states	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  IREO  France Route Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	DUE TO (OR AS.  DUE TO (OR AS.  DUE TO (OR AS.  d.  HOSPITAL:  1   X  Inpatient 2   ER/Out  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spr.  ICIAN: To the best of my known.	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  tipetient 3 DOA  26b. TIME INJUI  Y — At home, farm, etrecify)	26. PLACE OF DEATH DTHER: Nursing Home 5 Reside: OF 25c. INJURY AT WORK? M 1 YES 2 NO eet, factory, office	(Check only one)  (Check only one)  (Check only one)  28d. OE\$CRIBE F  26f. LOCATION (S City or Town,  due to the cause(a) an	AS AN AUTOPSY RFORMED? ES 2 NO  ON INJURY OCCU Street and Number of State)  d menner as stated be, and due to the	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  IREO  IREO  IREO  1. Route Number,
Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS.  DUE TO (OR AS.  DUE TO (OR AS.  d.  HOSPITAL:  1   X  Inpatient 2   ER/Out  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spr.  ICIAN: To the best of my known.	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  tipetient 3 DOA  26b. TIME INJUI  Y — At home, farm, etrecify)	26. PLACE OF DEATH- DTHER: Nursing Home 5  Reside  OF 28c. INJURY AT WORK?  M 1 YES 2 NC  set, factory, office  at the time, data and place, and in my opinion, death occurred at 29c. LICENSE	(Check only one)  (Check only one)  (Check only one)  28d. OE\$CRIBE F  26f. LOCATION (S City or Town,  due to the cause(a) an	AS AN AUTOPSY RFORMED? ES 2 NO  ON INJURY OCCU Street and Number of State)  d menner as stated be, and due to the	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  IREO  Rural Route Number,  d. cause(a) and manner as stated.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.  HOSPITAL:  1 Minpetient 2 = ER/Out  28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY building, etc. (Spi	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  tipetient 3 □ DOA □  26b. TIME INJUI  IY — At home, farm, str  scily)  Wiedge, death occurred on and/or investigation,	28. PLACE OF DEATH- DT HER:    Nursing Home 5   Reside: OF 28c. INJURY AT WORK? 1   YES 2   NO eet, factory, office  st the time, data and place, and in my opinion, death occured at	(Check only one)  (Check only one)  (Check only one)  28d. OE\$CRIBE I:  28f. LOCATION (S City or Town,  due to the cause(a) an the tima, data and plan  NUMBER	IS AN AUTOPSY RFORMED? RES 2 NO  Now INJURY OCCU.   AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  IREO  Rural Route Number,  cause(e) and manner as stated.  SIGNED (Month, Day, Year)	

OHMH-16 Rev 1/89

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached val.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hosp

FOR STATE REGISTRAR		STATE OF MARY		RTMENT OF			GIENE G. NO.		
1. DECEDENT'S NAME (First		CIL Norman	AYLO	R		2. DATE OF DE MONTH	DAY	YEAR	3. TIME OF DEATH 2.29 A
4. SOCIAL SECURITY NUMBER 227-07-8053		5. SEX 6. AGI	E (In yrs. lest birthday) 77 YRS.	MONTHS DAYS		7. DATE OF BIF (Month, Day, July 1.	Year)	Count	HPLACE (State or Foreign try) ginia
SOUTH EVER RESIDENCE OF DEC	n Mor	treet and number)	rospital	9b. CITY, TOWN	on Location of the	DEATH	9c C9U	e George	
10a. STATE	10b. COUNT		10c, CI	TY, TOWN OR LO					10d. INSIDE CITY LIMITS?
Virginia 100. STREET AND NUMBER	Notto			Бтас	of. ZIP CODE		247		WHAT COUNTRY?
301 Sulliva  11. MARITAL STATUS  1 Never Married 2		12. WAS DECEDENT EVER FORCES? 1 X YE	S 2 NO	If yes,	23824 ECENDENT OF HISP/ specify Cuban, Maxic	ANIC ORIGIN? (Specien, Puerto Ricen,	city Yea or No-	14, RAC Blec	States E — American Indian, sk, White, etc.
3 Widowed 4 □ Dive	orced	IF YES, GIVE WAR OR			ES 2 X NO Spec				ack
(Specify online Elementary/Secondary (f	P-12)	College (1-4 or 5 +)	Give kind o		TION most of working	3111	ed State		overnment
17. FATHER'S NAME (First, M Charles Tay					18. MOTHER'S N	AME (First, Middle, Moore	Maiden Surname)		
19a. INFORMANT'S NAME (  Cvnth		Wigfall	77.5		Street,	I Route Number, Cit			0747
20a. METHOD OF DISPOSITING Burlal 2 Crematic	TON on 3 🗆 Rem	oval from State	20b. PLACE ANO DA of cemetary, cremato reenview	TE OF DISPOSITI	ON (Name	DAYE	Blacks	City of T	lowe State
21. SIGNATURE OF FUNERA	L SERVICE LI	COLLEGE		Sco	AND ADORESS OF F t Funera N. Main	1 Home			
	eart fallure.	Complications that cause on List only one cause on as.	and line.	rest		ich as cardiac d	or respiretory a	rreat,	Approximata Interval Betwe Onset and De
Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diata ING ury	b. Arelle Due to (or A)	A CONSEQUENCE B A CONSEQUENCE B A CONSEQUENCE	ori:	c yter sec	<			
PART II. Other significa	ant condition	M   Contributing to death	but not resulting	g in the underly	ring cause given i		WAS AN AUTOPSY PERFORMED? YES 2 X NO	24	Ib. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:		OTHER:	PLACE OF DEATH (	Check anly one)			
	Pending	28a. DATE OF INJUR (Month, Day, Yea	Y 28b. T	4 ☐ Nursing P	iome 5 Residence INJURY AT WORK?  YES 2 NO	-	c/ly) E HOW INJURY O	CCUREO	
2 Accident 3 Suicide 8 Homicide	Could not be datermined	28e. PLACE OF INJU building, etc. (S	IRY — Al home, farm	n, street, factory, o	ffice	281. LOCATION City or Tow	(Street and Numb vn, State)	er or Rural	I Route Number,
(Orlean orly		ICIAN: To the best of my kn							(s) and manner as stated
29b. SIGNATURE AND TITL	E OF CERTIFIE	4 all	reli1		29c. LICENSE N	UMBER	29d. DA	TE SIGNE	ED (Month, Day, Year)
30. NAME AND ADDRESS C	F PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) (7)	rpe, Print) 89	2600	30. Qye	uf V	161	4(01

32. REGISTRAR'S SIGNATURE Lia Davidson-Randall

31. DATE FILED (Month, Day, Year)
MAY 3 0 1991

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	TO THE RUNEIAL DRIGOTH: After this certificate has been signed by the attending physician and completely filled in by the luneral director, page 5 should be detache	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT if hem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical axaminer must be notified at once
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3 0 1991

ETHEL S. TE	LMANOWS	KI					2. DATE OF C	PATH 26	g <sup>ve</sup>	3. TIME OF DEATH	
4 SOCIAL SECURITY NUMBER 215-40-6998A	1. SEX 1 □ M 2 X F	6. AGE (in yes, last b) 83	YRS. FUN	DER 1 YEAR	# UNDER	MIN.	7. DATE OF 8 1 1-28		M.	BIRTHPLACE (State or Foreig ARYLAND	
823 E. PRATT S			2.5	ALTIN		411	ATH	Sc.	OF DEATH		
PRESIDENCE OF DECEDENT  108. STATE  108. COUNT  108. COUNT	Y			TY, TOWN OR LOCATION						16d. INSIDE CITY  LIMITS?  1 YES 2   NO	
10. STREET AND NUMBER 823 E. PRATT S	TREET		T	1,000	ZIP 000			10g.	US	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3. Wildowed 4 Divorced	FORCES? 1	YES 2 ØNO MAR OR DATES			city Cubi	on, Mexica	n, Puerto Rican	secify Yes or No , etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE	
18. DECEDENT'S EDU (Topocity any riphest grade 8 YEARS		+) (Give	EMAKE	ne during mos d.)	one at of work	ng	16b. KIN	D OF BUSINESS	S/INDUST	TRY	
17. FATHER'S NAME (FIRE, ANDREW, Laur) JOSEPH WASOWI	IIZ				March 1985 Co. S.	HER'S NA		ANOWS			
TEL INFORMANT'S NAME (Typostyring)  VIRS. MARIE WILS	ON	110 100		PRA				lty or Xeen, Stee		21231	
20s METHOD OF DISPOSITION 1-5 Burlel 2 Cremetion 3 Ren		20b. PLACE AN	ND DATE OF D	ISPOSITION	(Name		DATE	20c. LOCATIO	IN City	or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LI	. Hales	MUNUS at caused the deat	hi	KAC21 2525	PROT FLE	EET	FUNE ST. B	RAL H ALTO.	OME MD		
21. SIGNATURE OF FUNERAL SERVICE LI	complications by	MUNUS at caused the deat	hi Do not en	2525 ter the mod	PROT FLE	WSKT	FUNE ST. B	RAL H ALTO.	OME MD	. 21224	
23. BART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	complications by List only offic cal a. Due to	MUNUS at caused the deat use on each line.	th. Do not en	2525 ter the mod	FLI de of dy	WSKT	FUNE ST. B	RAL H ALTO.	OME MD	. 21224	
23. BART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO	o (OR AS A CONSEQUED) (OR AS A CONSEQUED)	th. Do not en	RACE AND	FLE	PCC	Part I. 244	RAL H ALTO.	OME MD y arrest,	. 21224	
23. BART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	complications for List only offic Cala.  DUE TO DUE TO d.  DUE TO d.  HOSPITAL:	o (OR AS A CONSEQUED) (OR AS A CONSEQUED)	th. Do not en  Leve or the service o	25. PL	FLE de of do	given in	Part I. 244	RAL H ALTO. or respirator	OME MD y arrest,	21224 Approximate Interval Bety Onset and D ZD +	
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Oisease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	DUE TO   of Control	THE OF STATE	25. PL  WO 1 1 1	CAUSE CONTRACT OF SALES	given in	Part I. 24a	RAL H ALTO.  OF TEMPERATURE  PERFORMED  YES 2 N	OME MD y arrest,	21224 Approximate Interval Bety Onset and D ZD +		
23. BART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINERY.  1 YES 2 NO.  27. MANNER OF DEATH  Natural S Pending	DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  DUE	o (OR AS A CONSEQUED O (OR AS	THE OF STATE	25. PL  WO 1 1 1	CAUSE CONTRACT OF SALES	given in	Part I. 24e  Oct only one)  6 © Other (%)  28f. LOCATIO	RAL H ALTO.  OF TEMPERATURE  PERFORMED  YES 2 N	OME MD y arrest,	Approximate Interval Betwoen and D 20 4	

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	Elmer W. U	ítz		2. DATE OF DEATH MONTH DAY 05 28	1991	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 212-07-8876	1 🔯 M 2 🗆 F	75 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-5-1915	Mary	LACE (State or Foreign	
9e. FACILITY NAME (If not institution, give Anne Arundel			acty, town on Location of C Annapolis		Anne Aru		
10e. STATE 10b. COUN	ne Arundel		own on Location			IOd. INSIDE CITY LIMITS? I YES 27 NO	
1328 Harmony	Lane		101. ZIP CODE 21401	10	U.S.A.		
11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	en, Puerio Rican, etc.)	No— 14. RACE Black, Specify	American Indian, white, etc.	
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12th Grade	OUCATION de completed) College (1-4 or 6+)	18a. DECEDENT'S US (Give kind of work life. Do NOT use in Security	done during most of working stired.)	166. KIND OF BUSINE Westingt		***************************************	
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meiden Surr			
H	arry E. Ut	Z		Elsie Lam	bert		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Aura	Route Number, City or Town, St	tate, Zip Code)		
Harry E. Utz  20e. METHOD OF DISPOSITION  TO Burial 2 Cremation 3 Re	moval from State	9b. PLACE AND DATE O	other place)	DATE 20c. LOCAT	ION — City or Tow		
4 Donation 5 Other (Specify)		Cedar Hill	Cemetery  22. NAME AND ADDRESS OF F GEORGE J. GO	5-31 Balti			
23. PART I. Enter the diseeses, or shock, or heart fellur	r complications that cause. List only one cause on		4001 Rito	chie Hwy. Bal	Ltimore,	Md. 21225 Approximate Interval Between	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Carbo	A CONSEQUENCE OF:	rent			Onaet and Death	
Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. OUE TO (OR AS	A CONSEQUENCE OF):	atte Cardi	varenly,	der	geer	
PART II. Other significant conditions	ons contributing to deeth	but not reaulting in	the underlying ceuse given i	Part I. 24a. WAS AN AUTPERFORME	200	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF GEATH (C	theck only one)		-	
1 VES 2 NO  27. MANNER OF DEATH  1 Actural 5 Pending Investigation Investigation	26e. DATE/OF INJUR (Month, Day, Year	rtpetient 3 DOA 4	□ Nursing Home 5 □ Residence  OF 28c. INJURY AT	28d. DEŞCRIBE HOW INJU			
2   YAccident Investigation 3   Suicide 6   Could not   4   Homicide determined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, farm, stre	et, factory, offica	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
One)	INER: On the beele of examiner	ilon end/or investigation,	et the time, deta and place, and de in my opinion, death occured at the 29c. LICENSE N	e time, date and place, end d			
31. DATE FILED (MONTH), DAY, VANO MAY 3 0 1991	WeintyA	ut, MD,	2.568-A R	IVA Rd,A	nnalis	,2140/	

M. E. CANA
31. DATE FILED (Month, Day, Year)
MAY 3 0 1991

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215

1. DECEDENT'S NAME (First, Widdle, Last)					OF	1		2. DATE OF D	EG. NO.			3. TIME OF DEATH
WELLIY . Y	V .		W	131	31	KE		M°55	21	1	91	14 30
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE OF B (Month, Day			8. BIRTHI	PLACE (State or Foreign
220 14 4490	1 🙀 M 2 🗌 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	11/17		4		yland
9a. FACILITY NAME (If not institution, give a						R LOCATI				9c. COUN	TY OF DE	EATH
St. Agnes Hosp	ital			Ba	ltim	ore	Ci	ty				
10a. STATE 10b. COUNTY	γ		10c. CIT	Y, TOWN C	R LOCAT	ION	-			_		10d. INSIDE CITY
Maryland Anne	e Arundel		Li	nthic	cum							LIMITS?
10e. STREET AND NUMBER					- 4	. ZIP COD	E			10g. CITIZ	EN OF W	HAT COUNTRY?
34 Hampton Roa	.d					21	090			U.	S.A	•
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced		IT EVER IN U.S. AR X YES 2 1 WAR OR DATES			If yes, spe		m, Mexica	iiC ORIGIN? (Sp n, Puerto Rican		r No—	14. RACE Black Specifi	
15. DECEDENT'S EDU	CATION	160.06	CECENTIE	USUAL O	CCUBATIC	NA.		T 485 MIN	D OF BUSII	NEGG/IND	HOTOV	White
(Specify only highest grade Elementary/Secondary (0-12)	completed)	(G	ive kind of Do NOT u	work done	during mo	st of world	ng	IOD. KIN	D 01 00311	1633/110	DOING	
12th Grade	College (1-4 or 5		elf E	mplo	ved			Su	b Cor	ntra	ctor	Service
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle	s, Malden Si	urname)		
Ha	arry Wie	eneke						Α.	Wa	gner		
19a. INFORMANT'S NAME (Type/Print)				19b. MAILING ADDRESS (Street and Number or Rural Route Number,								
Irene E. Wieneke	3	34 Hampton Road Linthicum					Mar	ylan	d 21	.090		
20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Rem	20b. PLACE	PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION City or Town, State emetary, crematory or other place)							wn, Steta			
4 Donation 8 Other (Specify)	Glen	emetary, crematory or other place) len Haven Memorial Park   5/28						Glen	Bur	nie,	Maryland	
21. SIGNATURE OF FUNERAL SERVICE LIC							_	1-7				
	-3	/	/_	22.	NAME AN	de J	ss of FA	nce Fu	neral	Hor	ne P.	Α.
· gerome	Zromi	wwwh	1	22.	HAME AN	de J	SS OF FA	nce Fu	neral	Hom	ne P.	A., Md. 2122
23. PART I. Entar the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)	complications the List only one can	et caused the de	eath. Do	not anter	the mo	op ADDRE Ge J 1001 de of dy	Ritc	COLITY COLOR FUI	neral y. Ba	Homaltin	ne P.	Approximate interval Batwee Poset and Deat
23. PART I. Entar the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediata	complications the List only one call a. Due To	et caused the deuse on each line	ouence o	not anter	the mo	op ADDRE Ge J 1001 de of dy	Ritc	COLITY COLOR FUI	neral y. Ba	Homaltin	ne P.	Approximate interval Batwee onset and Deat
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentielly list conditions,	a. DUE TO	et caused the deuse on each line	OUENCE C	DF):	the mo	op ADDRE Ge J 1001 de of dy	Ritc	COLITY COLOR FUI	neral y. Ba	Homaltin	ne P.	Approximate interval Batwee onset and Deat
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23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO  d. DUE TO	of caused the duse on each line Of cor as a conse	OUENCE C	not anter	the mo	HD ADDRES	ess of FA	CILITY NCE FURCHIE HW has cardiac	neral y. Ba or reapire	Homaltin	ne P. more	Approximate interval Batwee Preset and Deat Monday
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO  d. DUE TO	of caused the duse on each line Of cor as a conse	OUENCE C	not anter	the mo	HD ADDRES	ess of FA	CILITY NCE FURCHIE HW has cardiac	neral y Ba or reapira	Homaltin	ne P. more	Approximate interval Batwee onset and Deat of Month.  WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO  d. DUE TO	of caused the duse on each line Of cor as a conse	OUENCE C	PF):	the mo	do ADDREGE J	given in	CILITY NCE FURCHIE HW has cardiac	neral y Ba or reapira	Homaltin	ne P. more	Approximate interval Batwee onset and Deat of Month.  WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	a	of caused the duse on each line Of (OR AS A CONSE	OUENCE COUENCE	orthet	the mo	g cause	given in	Part I. 24a	neral y Ba or reapire	Homaltin	ne P. more	Approximate interval Batwee onset and Deat of Month.  WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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23. PART I. Entar the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Return 5 Pending	a. DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 28e. DATE 0 (Month.)	of caused the duse on each line Of (OR AS A CONSE	OUENCE COUENCE	OTHE:	the mo	g cause	given in	Part I. 24a  Part I. 24a  Part I. 24a  Other (Sp  28d. DESCRIII	neral y - Ba or reapire  . WAS AN A PERFORM YES 2	Homeltin	ne Pomore est,	Approximate interval Batwee Preset and Deat Pr
23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Returns 5  Pending investigation  3  Suicide 6  Could not be determined	a. DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 28e. DATE 0 (Month.)	of caused the duse on each line  O (OR AS A CONSE  O (OR AS A CONS	OUENCE COUENCE	OTHE:  OTHE:  A UNING OF JURY M	the mo	g cause  [ACE OF IT INTERPRETATION TO THE PROPERTY AT THE PROP	given in	Part I. 24a  Part I. 24a  Part I. 24a  Cother (Sp  28d. DESCRIII  281. LOCATIO City or 76	neral y - Ba or reapire  which was an a perform yes 2 {  becity) BE HOW IN. Street array, State)	UTTOPSY MED?  WITOPSY MED?  JURY OCC	24b.	Approximate interval Batwee Preset and Deat Pr

SE OF DEATH (ITEM 27) (Type, I

32 REGISTRAR'S SIGNATURE

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HOSPIT

DHMH-16 Rev 1/89

filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or remoral.

Pages 1, 2, 3 should

permit.

BALTIMORE, MARYLAND 21215-0020

DIRECTOR

FUNERAL

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CERTIFICATION

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32. REGISTRAR'S SIGNATURE

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ours after death. Page 6 may be retained by the hospital or attending physician. medical the has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, requires that the death certificate be executed within event, traumatic other t 6 Injury, shows any 23 Rem ate FUNERAL DIRECTO Within 72 hours aft OR ATTE 28 item IMPORTANT: If 五五二

DF VITAL RECORDS, P.O. BOX 68760,

DIVISION

At: The law

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 3. TIME OF OEATH YEAR onthan 752 2 P Spoon 7. DATE OF BIRTH (Month, Day, Year) 8 - 24yrs. last IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS HOURS MIN. My 5 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH 40 RESIDENCE OF DECEDEN 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TES 2 000 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 80 2 207 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. If yes, specify Cuban, 1 ☐ YES 2 NO 1 Never Married 2 Merried Specify: Black 3 Widowed 4 Divorced 15. OECEOENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First. arg 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nur City or Town, State, Zip Code obin 21207 Med METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Nat OATE 20c. LOCATION 3 🗆 80 ☐ Cremetion Ustown, 40 ① Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE Wes wahash 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ehock, or heert fellure. List pnly one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final VIVO disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF) Subarachnoid hemorrhage Sequentially list conditions, DUF TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24e. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) t X YES 6 OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED t Netural 6 Pending Investigation 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. tion end/or investigation, in my opinion, death cured at the time, date end place, and due to the cause(s) and manner as stated 29d. DATE SIGNED (Month, Day, Year) 9 HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

**DHMH-16 Rev 1/89** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

turing death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

On the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be married hygiene prior to burial, cremation, or removal. mer any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate his be filed within 72 hours after death with the State Commission of them 28 is marked, or item 23 STATE OF MARYLAND / DEPARTMENT OF H

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICATE	OF L	DEATH	R	EG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	DEATH DAY	YEAR	3. TIME OF DEATH		
	Donald	1.	Warner				05	24	1991	2:15 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	0. BIRTH	IPLACE (State or Foreign		
	214-30-6815	1 💟 M 2 🗆 F	57 YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day	1933	Countr	Md Md		
	9s. FACILITY NAME (If not institution, give str	met and number)		9h CITY T	DWN OR	LOCATION OF DE				DEATH		
œ		ŕ										
2	1734 N. Carey Stre	et		Balt:	imor	e		Ва	ltimore	e City		
2	10s. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR	LOCATIO	ON				10d. INSIDE CITY		
E I	Md		Ba1	timore					LIMITS?			
7	10e. STREET AND NUMBER		541	0 111101 0	101. 2	ZIP CODE		100	. CITIZEN OF	WHAT COUNTRY?		
A I						21215			USA			
FUNERAL DIRECTOR	4551 Lanier Avenue	12. WAS DECEDENT I	EVER IN I. C. ADMED	I 40 141		NDENT OF HISPAN	IIO ODIOINA (D.	M W M.		E Aminton Indian		
5	1 Never Married , 2 Married	FORCES? 1	YES 2 NO	H	yes, spec	olfy Cuban, Maxica	n, Puerto Ricen			E — American Indian, k, White, atc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	R OR DATES	1 (	YES 2	NO Specify	<i>'</i> :		Spec	Black		
	15. DECEDENT'S EDUC	ATION	16s, DECEDENT"	S USUAL OCC	CUPATION		16b. KIN	D OF BUSINES	S/INDUSTRY			
COMPLETED	(Specify only highest grade			work done du				V-10				
7	Elementary/Secondary (0-12)											
₹	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (Clast Middle	a Maidan Suma	mel			
8	Earl W. Warner, Sr						r Johnso		,,,,,			
BE			I									
2	19a. INFORMANT'S NAME (Type/Print)					ne Avenue				2139		
	Esther Warner											
	METHOD OF DISPOSITION  1 Duriel 2 Cremetion 3 Remo	oval from State	of cometary, cremator Arbutus	y or other pla	SITION (	Name	53091		on - City or To S. Md	own, Stats		
	4 Donation 5 D Other (Specify)		Arbutus M					Arbutu	s, mu			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  March F/H West											
	4300 Wabash Avenue											
$\neg$	23. PART I. Enter the diseases, or c	omplications that	caused the death. Do	not enter t	he mod	le of dying, suc	h as cardlec	or respirator	y arrest,	Approximate		
	shock, or haart failure. I	List Dnly one cause	on each line.							Interval Between Onset and Daath		
	IMMEDIATE CAUSE (Finel disease or condition	Lati	- 10	- /						Oliset and Daath		
	resulting in death)	OUE TO IT	DIP AS A CONSEQUENCE	NEV.								
		000	~ ~ ~			Cali	4.					
CERTIFICATION	Sequentially list conditions,	DIE TO (	OR AS A CONSEQUENCE		0	Cours						
E	if any, leading to immediate cause. Enter UNDERLYING	500.00(0	III NO A CONCEGUENCE	J. J.								
5	CAUSE (Disease or Injury	DUE TO (C	OR AS A CONSEQUENCE	DED:				_				
Ē	that initiated events resulting in death) LAST	12.5		,-								
		d.										
اب	PART II. Other significent condition	a contributing to d	eath but not resulting	In the und	dertying	ceuse given in	Part 1, 24s	. WAS AN AUTO		b. WERE AUTOPSY FINDINGS		
2							ر, ا	PERFORMED		AVAILABLE PRIOR TO COMPLETION DF CAUSE		
								2801		OF DEATH?  1)(☐) YES 2 ☐ NO		
Σ								recom	LAS	10123 1 10		
A	25. WAS CASE REFERRED TO MEDICAL				26 Pt /	ACE OF OEATH (CA		-				
PHYSICIAN: MEDICAL	EXAMINER?  1 X YES 2 NO	HOSPITAL:	500 to 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER		5 Residence			4-1-			
75	27. MANNER OF DEATH	28s. DATE OF II	ER/Outpatient 3 DOA  NJURY 28b. Ti		ing Home 28c. INJU			BE HOW INJUF	N OCCUPED			
	1 Natural 5 Pending	(Month, Day		UURY .	WOF	ES 2 NO	zou. Degeni	BE NOW INSO	OCCONED			
BY	2 Accident Investigation											
	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF building, a	INJURY — At home, farm lc. (Specify)	, street, facto	ry, office			ON (Street and A own, State)	umber or Rural	Houte Number,		
E	4 Homero							12/				
7	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of n	ny knowledge, death occu	rred at the tin	ma, data i	and place, and due	to the cause(s	s) and manner	ns stated,			
COMPLETED	one)	R: On the basis of axe	mination and/or investigat	llon, in my op	olnion, de	ath occured at the	time, date and	l place, and du	e to the cause	(a) and manner as stated.		
	296. SIGNATURE AND TITLE OF CENTIFIES	_	=		T	29c. LICENSE NU	MBER	294	d. DATE SIGNE	D (Month, Day, Year)		
B	1 W	N				O.C.M.			05	25 1991		
2	30. MAME AND ADDRESS OF FERSON WH	O COMPLETEO CAUSE	OF DEATH (ITEM 27) (M	oe, Print)		U.U.M.			03	23 1331		
	A.M.D	14.	3/2		nn C	troct	Rolei-	oro Ma	han Isra	21201		
	31, DATE FILED (Month, Day, Year)	32, REGISTRAR	'S SIGNATURE	11 Per	IIII 5	street,	Daltim	ore Ma	ryrand	21201		
	MAY 3 0 1991	Fria Davids	on-Randelle									

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	9		S	vith	2
	TO THE HOSPITAL OR ATTENDING PHYSIGIAN: The law-requires that the death certificate be executed with the last death. Page 6 may be retained by the		E	he filed within 22 hours after death, with the State Pent of Health and Mental Holiene prior to build cremation, or removal.	9
	Ě		F	file	
	2		2	2	3

Besty Medical Center Bato   Residence of Decedent   106. County   106. City, town or Location   106. State   106. County   106. City, town or Location   106. State   106. State   106. City, town or Location   106. City   106.	9. BIRTHPLACE (State or Foreign Country)  NTY OF DEATH
30. FACILITY NAME (If not institution, give street and number)  90. FACILITY NAME (If not institution, give street and number)  90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  90. CITY, TOWN OR LOCATION  90. CITY OWN OR L	Country) H4
Besidence of decedent   10e. STATE   10b. COUNTY   10c. CITY, TOWN OR LOCATION   10e. STREET AND NUMBER   10f. ZIP CODE   10g. CITY   10e. STREET AND NUMBER   10f. ZIP CODE   10g. CITY   10e. STREET AND NUMBER   10f. ZIP CODE   10g. CITY   11. MARITAL STATUS   12. WAS DECEDENT EYER IN U.S. ARMED   13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 VES 2 NO   11. Was DECENDENT OR HISPANIC	NTY OF DEATH
10e. STREET AND NUMBER  4005 Edge Wood Rd  11. MARITAL STATUS  1 Never Married 2 Merried  12 Was DECEDENT EYER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.)	
10e. STREET AND NUMBER  4005 Edge Wood Rd  11. MARITAL STATUS  1 Never Married 2 Merried  12 Was DECEDENT EYER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.)	10d. INSIDE CITY UMITS?
	1 YES 2 NO
IF TES, GIVE WAR ON DAIES 1 TES 2 ON NO Specify:	14. RACE — American Indian, Black, White, etc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 DNO Specify:  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	Specify: Black DUSTRY
Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)  Fort Mea	ade
1 1 MIN 1/5 WISSO	
P Thelma Wilson 4005 Edgewood Ave Ball	6, my 21215
20a_METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of cametary, crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cametary, crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cametary, crematory or other place)	S Hills Hd
20. PLOE AND DATE OF DISPOSITION (Name DATE OF	he
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory and shock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Peat, Approximate Interval Between Onset and Death
CAUSE (Disease or injury thet initiated events resulting in death) LAST	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  1. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?	
CAUSE (Disease or injury thet initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  D	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury thet Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  D	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CAUSE (Disease or injury thet initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  D	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
CAUSE (Disease or Injury thet initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CONSEQUENCE OF):	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  CURED  Tor Rural Route Number,
The state of the s	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  CURED  To or Rural Route Number,  sted.  the couse(a) and manner as stated.  TE SIGNED (Month, Day, Year)
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 POPULATE  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural  28. DATE OF INJURY  (Month, Dey, Year)  28. DATE OF INJURY  At home, farm, street, factory, office  28. LOCATION (Street and Number City or Town, State)  28. DATE OF INJURY  (Month, Dey, Year)  28. DATE OF INJURY  1 YES 2 NO  28. DATE OF INJURY  28. DATE OF INJURY  1 YES 2 NO  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  1 YES 2 NO  28. DATE OF INJURY  28. DATE OF INJURY  1 YES 2 NO  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  1 YES 2 NO  28. DATE OF INJURY  1 YES 2 NO  28. DATE OF INJURY  1 YES 2 NO  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  1 YES 2 NO  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  1 YES 2 NO  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF IN	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CURED  TO Rural Route Number,  ted.  the ceuse(a) and manner as stated.

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4. SOCIAL SECURITY NUMBER 5. SEX	1.6					2. DATE (	OF DEATH	AY	YEAR 3	. TIME OF DEATH
010-10-0500	ille	- 4-4-1-4-4-4				05	12	2 1		1:35 P
212 70 CE22 1 WM 2	-	yrs. last birthday)	MONTHS D	AYS HOURS	R 24 HRS.		Day, Year)	.	Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give atreet and number)		2 YAS.	Oh CITY TO	WN OR LOCAT	ION OF DE	ATU	16	8	Mar NTY OF DEA	vland
Front of					TON OF DE					
5315 Gwynn Oak Avenue				imore				Bal	Limor	e City
10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR I	imore						Od. INSIDE CITY V LIMITS?
10e. STREET AND NUMBER			Daic	10f. ZIP COL				I 40- 0/71		T YES 2 NO
2910 Bowers AVenue				2120					SA	AT COUNTRY?
1 News Married 2 V Married FORCES?	DENT EVER IN U 1 TES VE WAR OR DAT	2 NO	If ye	B DECENDENT IS, specify Cub YES 2 1 NO	en, Mexica	n, Puerto R		or No—	14. RACE - Black, 1 Specify:	- American Indian, White, etc. Black
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 of		18a. DECEDENT'S (Give kind of life. Do NOT u	work done duri	IPATION ng most of work	dng	18b.	KIND OF BUS	SINESS/IND	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) James Willie						DYER	ilidie, Malden	Surname)		
190. INFORMANT'S NAME (Type/Print) Olivia Willie				treet and Numbers Avenu						21207
26s. METHOD OF DISPOSITION 1 □/Buris! 2 □ Cremetion 3 □ Ramoval from State		PLACE AND DAT				DATE	20c. LO	CATION —	City or Town	n, State
4 [ Donation 5 Dotter Specify]		metary, cremator				/18/	91 Ba	ltima	re M	aryland
21. SIGNATURE OF FUNERAL BERVICE LICENSEE	11			ME AND ADDR	ESS OF FA	CILITY			eral	
· Apritia	4/1h	as)							sh Av	
23. PART I. Enter the diseases, or complications	that caused	the death. Do	not enter th	e mode of d	ylng; suc	h aa card	lac or resp	iretory an	rest,	Approximate
shock, or heart failure. List only one IMMEDIATE CAUSE (Finel	cause on eac	ch line.								Onset and De
disease or condition		70	יות פיייום	ARCOTIC	י דאזי	Y Y Y C 7	וארו דרות			
resulting in death) a	E TO (OR AS A	CONSEQUENCE C		TICO11C	7 11/1	ONICE	311011	-	-	
if any, leading to immediate	E TO (OR AS A C	CONSEQUENCE O	OF):		_					
cause. Enter UNDERLYING CAUSE (Disease or Injury										
that initiated events resulting in death) LAST	E TO (OR AS A C	CONSEQUENCE O	OF):							
d										
PART II. Other significant conditions contributing	g to death bu	t not reaulting	In the unde	rlying ceuse	given in	Part I.	24s. WAS AN			VERE AUTOPSY FINDIN
							1/ yes :			COMPLETION OF CAUS
										T YES 2 140-
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF						
Tr. Indontal	2 - ER/Oulpar	tlant 3 🗆 DOA	OTHER:	g Home 5 🗆 I	Reeldence	6 Other	r (Specify) Ot	ıtsid	e	
27. MANNER OF DEATH 28a. DAT	E OF INJURY		JURY	Bc. INJURY AT WORK?			CRIBE HOW			DIICC
2 Accident Investigation 05 1	2 1001		15 D	1 YES 2	X NO	0000		NGES'		RUGS
4 Homicide determined bulk	CE OF INJURY - ding, etc. (Specif (NOWN	– Al home, farm, y)	atreet, factory	, office		City	ATION (Street or Town, State	and Number	r or Rural Ro	ute Number,
I OIN	est of my knowle					to the cau	rse(e) and ma			
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the be	or examination	end/or investigat	ion, in my opli	HOR, GEST OCC	urea at the	rime, date	and place, at	nd due to ti	ne cause(s)	ena manner se state
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be 2 MEDICAL EXAMINER: On the basis				00-11	CENCE	MDED		I and no	TE 01041== :	
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the be	ele	640			CENSE NU			Da -		Month, Day, Year)
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be 2 MEDICAL EXAMINER: On the basis	de	TH (ITEM 27) (I'm	e, Print1		.C.M.			29d. DAT		

use as the burial-transit permit. Pages 1, 2, 3 should or attending physician.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained for TO THE FLINERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the tuneral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MAR

21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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the burial-transit permit. Pages 1, 2, 3 should

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

fing physician.

BALTIMORE, MARYLA

	REGISTRAR		CERTIF	ICATE OF	DEATH	REC	i. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	NTH	W0.00	3. TIME OF DEATH		
- 7	AMANDA W	ILLIAMSON				MONTH	22	YEAR	1210 PM		
- 1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH .	5 BIRTH	IPLACE (State or Foreign		
	219-30-6581	1 🗆 M 2 🔀 F	84 YRS.	MONTHS DAYS	HOURS MIN.	Oct 6	1906	Sou	th Carolina		
E E	9a. FACILITY NAME (If not institution, give str UNION MEMORIAL HOS				RE CITY						
13	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TON				10d. INSIDE CITY LIMITS?		
5	Maryland		T.	Baltimo	r 0				1 Tres 2 No		
-	10e. STREET AND NUMBER				ZIP CODE		10g. CIT	TIZEN OF	WHAT COUNTRY?		
FUNERAL	6013 Yorkwood	Road			21239		1112		Α.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I			ENDENT OF HISPA			14. RAC	E American Indian, k, White, etc.		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specif		10.)	Spec	The Property and the second		
0	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b, KIND	OF BUSINESS/IN	DUSTRY	Diack		
E	(Specify only highest grade	completed)		work done during mo							
اچ	Elementary/Secondary (0-12)	College (1-4 or 5+)				D		3	14		
Σ	Third Grade		DOI	nestic			vate E	amı	rres		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				The same of the same of	AME (First, Middle, i					
BE	James Burke				Sara	h Fraz	ier				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	ADDRESS (Street	and Number or Rural	Route Number, City	or Town, State, Z	ip Code)			
٩	Jean V. Tvler	/	6013	Yorkw	ood Roa	d Bal	timore	, M	D 21239		
	20a. METHOD OF DISPOSITION		b. PLACE AND OAT	E OF DISPOSITION			ec. LOCATION -				
	1 X Burial 2 Cremation 3 Ramo	ival from State	cemetary, cremator	y or other plece) Memori	al Pari	6/1	Baltin	nore	County, M I		
	21. SIGNATURE OF FUNERAL SUPPLIES LICE		AL DUCUS						1 Homes		
	1 12	15	,		l Gwynn timore,						
	23 PART I. Enter the diseases or c	omplications that chies	d the death Do	not enter the mo	de of dylan au	Mary	and 2	T Z I			
	23. PART I. Enter the diseases, or complications that objused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. HPBR BBMSR COMB. + LECENT UM  BUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE	OF):	10: 10:			•			
_											
ō	Sequentially list conditions,	DIARRH DUE TO (OR AS	A CONSEQUENCE	OF):	-						
AT	If any, leading to immediate cause. Enter UNDERLYING	0 1	D. Y1: 0.	115 1	NERT	TAM					
윤	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE	OF):	1010000	0/0					
E	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):										
DICAL CERTIFICATION		1.									
-	PART II. Other algnificant condition	a contributing to death	but not resulting	in the underlyin	g cause given in		MAS AN AUTOPS		b. WERE AUTOPSY FINDINGS		
2	CAF, NIDDI	m isto	Austen	TA CVA			YES 2.000		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
		1			1	-	100	- 1	OF DEATH?		
ME								- 1	1 YES 2 NO		
Z											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C	heck only one)					
S	1 TES 2 NO	1 npetient 2 - ER/Ou	tpatient 3 DOA		ne 6 🗆 Residenca	6 - Other (Spec	lfy)				
BY PHYSICIAN:	27. MANNER OF OEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. Ti	JURY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE	HOW INJURY O	CCURED			
B	2 Accident Investigation	28e. PLACE OF INJUR	V At home form			261 LOCATION	(Street and Numb	er or Bural	Boute Number		
0	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Sp.	ecify)	, accord, reactory, orre		City or Town		or reside	Troute Transco,		
E											
PL	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wiedge, death occu	rred st the time, dat	and place, and du	n to the cause(n)	end menner as s	lated.			
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the besis of examinati	on and/or investigat	ion, in my opinion,	death occured at th	e time, data and p	lece, and dua to	the cause	(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	4			29c, LICENSE NU	IMBER	29d, D/	TE SIGNE	D (Month, Day, Year)		
BE	0 (	m	10			CYLCON ALL			-91		
2	30. NAME AND ADDRESS OF PERSON WH			A Print)			, ,	000	, [		
		A Annua	20 (N)	// //	in man	misolar	in	0,0			
		1 CENTEN	mp.	alvie	18 1851	MALLER	170	(/	1 (0)		
	MAY 3 0 1991	32. REGISTRAR'S SIG	NATURE								
1	MIMI OU 1991	una Davidson-A	andelle								

Julia Davidson Randoll

로부스 (트리트) 및 기계 US YE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH		REG. NO.	_				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH SONTH DAY YEAR 3. TIME OF OEAT					
Elinor Wolf					5		19	91	2:45 a,		
4. SOCIAL SECURITY NUMBER 214-10-4712 214-24-1484	5. SEX 6. AG		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month.	DE BIRTH Day, Year) 4/19		Country	PLACE (State or Foreign		
9a. FACILITY NAME (if not institution, give str CHURCH HOSPIT	ALCERPOR			ALTIMOR		ITY	9c. COUN	TY OF DE			
10e. STATE 10b. COUNTY MD BA	LTIMORE	10c. CITY,	TOWN OR LOCAT	TION					10d, INSIDE CITY LIMITS? 1 YES 2 K NO		
10s. STREET AND NUMBER			10	I. ZIP CODE			10g. CITIZ	ZEN OF W	HAT COUNTRY?		
5030 CLIFFOR	D RD.			21128				US			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.)  1  VES 2 NO Specify:  Specify:									
1s. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Iffe. Do NOT use	ork done during mo	ost of working	16b.	16b. KIND OF BUSINESS/INDUSTRY					
17, FATHER'S NAME (First, Middle, Lest)		110141	~ 11171X	18. MOTHER'S NA	ME (First, A	Aiddle, Malden	Sumame)				
JAMES J	ROCK			REBA	7	M	MIL				
ROSALIE P	USHER			FORD &					MD 21/28 wn, Stata		
20e, METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Remo	val trom Stata	OAK LA	ITION (Name of ce	metery, crematory or	) V	20c. LO	CATION -	City or To	wn, Stata		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	OHK EI	22. NAME A	ND ADDRESS OF FA	CILITY		MEI		D		
· Colt Co	nnell	u		ND ADDRESS OF FA							
23. PART I. Enter the diseases, or c									Approximate		
shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)		SLASSI S A CONSEQUENCE OF	2						Interval Between Onset and Death		
	DUE TO (OR A	S A CONSEQUENCE OF	): 								
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE OF	):								
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	):								
DART II Other destilland as distant					D. a. I	24s. WAS AN		Lau			
PART II. Other significant condition	n tris underlyir	ig cause given in	— :	PERFO	RMED?	246.	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
			_		_						
25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C	heck only or	10)					
EXAMINER?  1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	me 5 - Residence	8 🗆 Othe	r (Specify)					
27. MANNER OF DEATH  1, Natural 8 Pending	28a. DATE OF INJUI (Month, Day, Yes		URY	JURY AT ORK? YES 2 NO	28d. DES	SCRIBE HOW	INJURY OC	CURED			
2 Accident Investigation 3 Suicide 8 Could not be detarmined	co co	28t. LOCATION (Street and Number or Pural Route Number, City or Town, State)									
one)	CIAN: To the best of my ki								a) and menner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER	). (Ho	use_oll	iran)	29c. LICENSE NU	MBER 758		29d. DAT	S SIGNED	(Month, Day, Year)		
30, NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF	DEATH (ITEM 27 Dypa,	Print)	1	-	1	-	11			
31. DATE FILED (Month, Dev. Year)	32. BEGISTRAR'S S	IGNATURE DE LA COLOR	nch.	norp	u	1.	DI	ej	110		

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

- STATE REGISTRAR		CERTIFI		DEATH	REG. NO	).				
1. DECEDENT'S NAME (First, Middle, Last)	70			MY YEA	3. TIME OF DEATH					
	JOHN		KINS		05	8 1 9	6:26 p			
. 6 Same SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Ybar)	8.18 G	IRTHPLACE (State or Foreign ountry)			
220-07-9560		T YRS.			(Month, Day, Year) 12-05-19	19  Ma	ryland			
e. FACILITY NAME (If not institution, give str THE JOHNS ]	HOPKINS HOSE	PITAL		TMORE CT		9c. COUNTY C	DE DEATH NON			
LESIDENCE OF DECEDENT			TOWN OR LOC		-1		Last more over			
					2 dece		10d. INSIDE CITY LIMITS?			
	none			ore 0	ıty		1 YES 2 NO			
e. street and number 2410 E. Federal	Street		1	or. ZIP CODE 21213		127	ed States			
I. MARITAL STATUS  Merried 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1. DYES IF YES, GIVE WAR OR I		If yes, s		NIC ORIGIN? (Specify Ye m, Puerto Ricen, etc.) iy:		4. RACE — American Indian, Black, White, atc.			
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 11th grade	College (1-4 or 5+)	16a. DECEDENT'S L (Give kind of w life. Do NOT use	ork done during n retired.)		16b. KIND OF BU	JSINESS/INDUSTI	RY			
7. FATHER'S NAME (First, Middle, Last)	none	nauore	3,4	18 MOTHER'S NA	ME (First, Middle, Meide	Sumama)				
John Wilkin										
	10				da Willi					
9e. INFORMANT'S NAME (Type/Print)					Route Number, City or To					
Lottie Allen		2410	r. re	deral S	t. Balto					
Burlel 2 Cremetion 3 Remo		b. PLACE AND DATE				OCATION — City				
□ Donation 8 □ Other (Specify)		Arbutus	Memor	ial Pk	6/3/91B	alto.	Co. Maryl:			
23. PART I. Enter the disesses, or c shock, or heert feilure. I shock or condition resulting in death)  Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS  Blader	A CONSEQUENCE OF	tion	Po nt	ston St.  that cardles or real  ive infa  on Cance  dder can	retion	Approximate interval Betwee Onset and De			
Hypona Fren		but not resulting in		ng ceuse given in	Pert i. 24a. WAS A PERFC 1 TYES	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDIN AMULABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)					
EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER:	me 5   Residence	6 Other (Specify)					
7. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Morith, Day, Year)	28b. TIMI	E OF 28c. II	NJURY AT VORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED			
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, etc. (So	RY — At home, farm, a ecify)	treet, factory, of	Ice 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
one) 2 MEDICAL EXAMINE				, death occured at th	e time, date end place,	end due to the ca	use(s) and menner as stated			
196. SIGNATURE AND TITLE OF CERTIFIER	Hante	OF MIP	Print)	29c. LICENSE NU	90	<b>&gt;</b> 5	GNED (Month, pey, Year)			
TINA (Month, Day/ Near)	Feet J	ohns Ho	pking	Hospita	il, 600	W. W21	In, Butt.			
	1991 Julia	Davidson Par	della							

DHMH-16 Rev 1/89



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	C
	pital on attending physician. The law requires that the death certificate he executed within 24 hours
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FOR STATE REGISTRAR

	MONTH O YEAR										3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)					IF UNDER 1 YEAR   IF UNDER 24 HRS.			7. DATE OF BIRTH			& BIRTHPLACE (State or Foreign				
	280-12-3087	1 📉 M 2 🗆 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	APRIL 13, 1		1919 Country OHIO		ніо			
	9a. FACILITY NAME (If not institution, g	ive street and number)			9b, CITY,	9b. CITY, TOWN OR LOCATION OF DE				EATH 9c. COL			PUNTY OF DEATH			
ECTOR	ST. AGNES HOSPI	H	BALTIMORE													
	RESIDENCE OF DECEDENT											10d. INSIDE CITY				
DIR.	MARYLAND B	ALTIMORE		1.00	CATONSVILLE					LIMIT			LIMITS?			
AL	10e. STREET AND NUMBER						f. ZIP COD	DE			10g. CITIZEN OF WHAT COUNTRY?					
8	413 NEEPIER ROA	D				21228				U.S.A.			Α.			
BY FUN	11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced  12. WAS OECEDENT EVER IN FORCES? 1XXYES IF YES, GIVE WAR OR DO 1942 — 1941			2 NO If yes, spe			ECENDENT OF HISPANIC ORIGIN? (Spe specify Cuban, Mexican, Puerto Rican, ES 2 NO Specify:									
요	15. OECEOENT'S (Specify only highest)		(Give kind of wo life. Do NOT use			ANALYST			16	b. KIND OF BU	SINESS/IND	USTRY				
ETE	Elementary/Secondary (0-12)															
COMPL		4							STATE OF MAR			YLAND				
5	17. FATHER'S NAME (First, Middle, Last					16. MOTHER'S NAME (First, Middle, Maiden Surname)										
NE DE	ELMUS	WILSON						LLII			OILE					
0	19a. INFORMANT'S NAME (Type/Print) ELIZABETH M. WI	TCON (HTT	- 1			ADDRESS (Street and Number or Rural Route Number, City or Yown, Stata, Zip Code)										
7		LSON (WIF)			VEEPI					VILLE,		2122				
	20s. METHOD OF DISPOSITION  WXBurisi 2 Cremation 3 Removal from State  20b. PLACE AND CATE OF DISPOSITION FORE STATE 20c. LOCATION - City of Town, State  A Donation Competition Compation															
													, MARYLANI			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  LEROY M. & RUSSELL C. WITZKE FUND									NERAL HOME						
- 3	23 PART I. Enter the disease,	(1) th	Re										LE, MD. 2122			
IFICATION	Shock, or heart fellure. List only one dauge on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  OUE TO (OR AS A CONSEQUENCE OF):  HASCAD  Interval Bets Onset and D  MUMULE  ACRES  Place  Pla											Onset and De				
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):															
CERTIFI	resulting in death) LAST															
SICIAN: MEDICAL C	Deibete melliks  Performed?  1 yes 2 me  OF DEATH?										WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
	25. WAS CASE REFERRED TO MEDIC	<u> </u>				26 D	ACE OF	DEATH #	book only	200)						
20	EXAMINER?	HOSPITAL:	The same	and 2 - 504	26. PLACE OF DEATH			-11,00								
O BE COMPLETED BY PHYSICI	27. MANNER OF DEATH	1  Inpatient 2  RVOutpatient 3 DOA 28a. DATE OF INJURY 28b. TIME					4 Nursing Home 6 Residence  OF 28c, INJURY AT				28d. DESCRIBE HOW INJURY OCCURED					
	1 Natural 5 Pending	(Month,				JURY WORK?  M 1 YES 2 NO										
	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, far building, etc. (Specify)									281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.															
Ö	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Moreth, Day, Year)															
8	SUMSum m.D. 04701 > 5/24/91															
2	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)															

3635 OLD COURT ROAD, BALTIMORE, MARYLAND

21208

OHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

STANFORD MALINOW M.D.

32. REGISTRAR'S SIGNATURE cha Tavidson

31. DATE FILEO (Month, Day, Year)

MAY 3 0 1991

TO BE COMPLETED BY FUNERAL

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTA	L HYGIENE			
1. DECEDENT'S NAME (First, Middle, Last)  JOHN E. WALLS S	r.				2. DATE	of DEATH	199		9:45 Pm
4. SOCIAL SECURITY NUMBER	1932-215-2		F UNDER 1 YEAR			of BIRTH	22		ACE (State or Foreign SYLVANIA
193-14-5967  9a. FACILITY NAME (If not institution, give st	1 X M 2 F	68 YRS. M	- CITY TOWN	OR LOCATION OF DE		0, 19		Y OF DEAT	
VA MEDICAL CENTER			ORT HO		AIR			IMOR	
RESIDENCE OF DECEDENT									
MARYLAND 106. COUNTY			TMORE	City					d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		DALI		10f. ZIP CODE	-		10g. CITIZE		T COUNTRY?
3711 WILKENS AVEN	arr.			1229			UNIT		TATES
11. MARITAL STATUS	12. WAS DECEDENT EVER IF	V U.S. ARMED	13. WAS D	ECENDENT OF HISPAN					- American Indian, Vhita, etc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	ATES		specify Cuban, Mexica ES 2 NO Specify		Rican, etc.)		Specify:	
15. DECEDENT'S EDUC	WORLD WAR	18e. DECEDENT'S US	I OCCUPA	TION	140	. KIND OF BUS	NECO (NOU	eTpv	WHITE
(Specify only highest grade	completed) College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during	most of working	100	A KIND OF BUS	INESS/INUU	SINT	
	years	CLAIMS A	DJUSTE	īR	F	EDERAL	GOVE	RNME	NT
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First,	Middle, Meiden S	Surneme)		
GEORGE WALLS				EDNA (	LAPI	PER			
19e. INFORMANT'S NAME (Type/Print)				at and Number or Rural i					
CLINICAL RECORDS	1			ENTER, FOR	RT HO				21052
1 № Burial 2 □ Cremation 3 □ Rem	aural Annua Canta	other place) edar Hil					ATION — C		, Btate
4 Donation 5 Pother (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		1 /	_	AND ADDRESS OF FA	CILITY		o Mo		230
16 . 0	0 1/			-11 Door					Fort Ave.
23. PART I. Enter the diseeses, or o	complications that cause	the deeth Do not							Approximata
ahock, or heert fallure.	List only one cause on e						-101, -111		Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	RESPIRATO	RY FAILUR	E						Onest and Double
reaulting in deeth)	DUE TO (OR AS /	CONSEQUENCE OF):							
Sequentially list conditions,	u	CHRONIC O	BSTRUC	CTIVE PULM	10NAF	RY DISE	ASE		
if any, leading to immediate		CONSEQUENCE OF):							
cause, Enter UNDERLYING CAUSE (Disease or Injury	e. PNEUMONIA	CONSEQUENCE OF):							1
that initiated events resulting in deeth) LAST		, , , , , , , , , , , , , , , , , , , ,							
	d								
PART II. Other algoriticent condition		out not reaulting in	the underly	ring ceuse given in	Part I.	24a, WAS AN	MED?	At	MAILABLE PRIOR TO
STEROID MYOPAT	<u>.HY</u>				_	1 🗀 YES 2	X NO		OMPLETION OF CAUSE OF DEATH?
								1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (Ch	eck only o	(ne)			
EXAMINER?	HOSPITAL:	petient 3 DOA	THER:	lome 5 - Residenca					
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c.	INJURY AT WORK?		SCRIBE HOW IN	JURY OCC	URED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		YES 2 NO					
3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spe	f — At home, ferm, str clfy)	eet, factory, o	ffice		CATION (Street a	nd Number o	or Rural Rou	rte Number,
4 Homicide determined			_		1100				
deel deel	ICIAN: To the best of my know								
2 MEDICAL EXAMINE	ER: On the basia of examination	en end/or investigation,	In my opinior	n, death occured at the	time, dat	e end place, and	d due to the	cause(e) s	ind menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	A A	۸۸		29c. LICENSE NU			29d, DATE	SIGNED (A	Aonth, Day, Year)
20 NAME AND ADDRESS OF STREET	Z V		14.00	D 305	28			5 2	1191
30. NAME AND ADDRESS OF PERSON WE				EXDOCUTIONS	ADD.	MADSZTA	NTD C	1050	
BALA S. DUGGIRAL	A, M.D., VA I		WILK,	TOKI HOW	AKD,	MAKYLA	עועט ב	21052	
I MAY 3 11 1001 2.4	DayHorn-Rand								

•	1. DECEOENT'S NAME (First, Middle, Last)	F	(NA	IDEA	(		2. OATE OF OI	DAY	YEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	-20.	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	0. BIRTH	PLACE (State or Foreign
	219-05-0888 A	1 🗍 M 2 🗆 F	74	YRS. MONT		NOURS MIN.		1'917		ginia
DIRECTOR	9a. FACILITY NAME (If not institution, give at HARBOR HOSP RESIDENCE OF DECEDENT	ML 3001	5 HANGI		CITY, TOWN C	ACTIM C			OUNTY OF DE	
	10a. STATE 10b. COUNTY	,		10c. CITY, TO	WN OR LOCAT	TION				10d. INSIDE CITY LIMITS?
5	Maryland -			Bal	Lto.C	ity,Md.				1.X YES 2 NO
7	10e. STREET AND NUMBER				101	. ZIP CODE		10g. C	ITIZEN OF W	HAT COUNTRY?
		ndall St				2123	0		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WIdowed 4 Divorced				If yes, sp	ecify Cuban, Mexica 2 X NO Specify	n, Puarto Rican,			- American Indian, White, etc. White
3	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMMISSION	16a. DE	CEDENT'S USU	AL OCCUPATION	ON col working	16b. KIND	OF BUSINESS/I	NDUSTRY	
<u>.</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me	. Do NOT use reti	red.)					
2	8th.Grade			Taxi I	Drive	r		Yello	w Cal	b.Co.
COMPLE	17. FATHER'S NAME (First, Middle, Lest)	De		Mada		16. MOTHER'S NA				
N L		es Po	cenţ	Walde			e Sus		≘llua	.n
2	Mrs.Ruth A.Walo	den	19			and Number or Rural				
	20a. METHOD OF DISPOSITION			OF DISPOSITIO		melary, crematory or	I	20c. LOCATION		wn, State
	XSurial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	Gler	n Have	n Men	norial E	Park	Gler	n Bur	nie,Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	•		22. NAME A	ND ADDRESS OF FA	CILITY			Id.21230
	F Commode 4	a. Has		4	McC	Cully Fu	ıneral			E.fortAve
	23. PART h Enter the diseases, or e				inter the mo	ode of dying, suc	h as cardiac	or respiretory	srrest,	Approximets
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	s/	45C1	10						Interval Between Onset and Daath
				4C A	DOFS	1				
5	Sequentially list conditions, If any, isading to immediate	W	AS A CONSE		ر ساسانیا	<u> </u>				
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	C								
	that initiated events resulting in death) LAST	DUE TO (O	AS A CONSE	OUENCE OF):						
CERTIFICATION	Tooding in doding End	d								
EDICAL (	PART II. Other significant condition	ns contributing to de	ath but not	resulting in th	ne underlyin	g cause given in		WAS AN AUTOPS PERFORMEO? YES 2 1 NO	3Y 24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
MED							``	,		OF DEATH?  1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26, P	LACE OF DEATH (C/	heck only one)			
2	1 TYES 2 NO	1 Inpatient 2 E		3 DOA 4 D	Nursing Hor	ne 5 🗆 Residence				
	27. MANNER, OF DEATH  1 Netural 5 Pending	28a. DATE OF IN (Month, Day,		28b. TIME OF INJURY	W	JURY AT ORK?	28d. OEŞCRIE	E HOW INJURY	OCCURED	
R	2 Accident Investigation	28e. PLACE OF I	NJURY — Al h	Ome, farm, street		YES 2 NO	26L LOCATIO	N (Street and Num	ther or Rural I	Route Number
	4 Homicide 6 Could not be	building, etc	: (Specify)	,,	.,,		City or Tox			,
	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m	knowledne d	eath occurred at	the time det	e and place, and du	a in the course(s)	and manner as	stated.	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE									a) and manner ea stated.
	295. SIGNATURE AND TITLE OF CERTIFIE	Я				29c. LICENSE NU	MBER	29d. [	DATE SIGNED	(Month, Day, Year)
BE	Atrus	EMERGENCE	1 ftu	SILAN				•		
2	SO. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE	OF DEATH (TE							
	1. HILISON	HARADA	( How	P. 121	ET, M	10.				
	MAY 3.0 1991	32. REGISTRAR	S SIGNATURE Pande	2	í					
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DHMH-16 Rev 1/89

		ages 1	
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 14 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	e executed wit	an and comple to burial, cre	umatic even
.O. BO	certificate by	ding physicia tygiene prior	r other tra
RDS, P	t the death	by the atten	Injury, o
RECOF	requires that	of Health a	shows any
ITAL F	I: The law	cate has be state Dept.	Item 23 s
4 OF V	PHYSICIAN	this certified with the S	arked, or
/ISION	ATTENDING	CTOR: After	28 Is m
70	PITAL DR /	ERAL DIRE	T: If Item
	THE HOS	THE FUNI	MPORTAN
	-	- 4	-

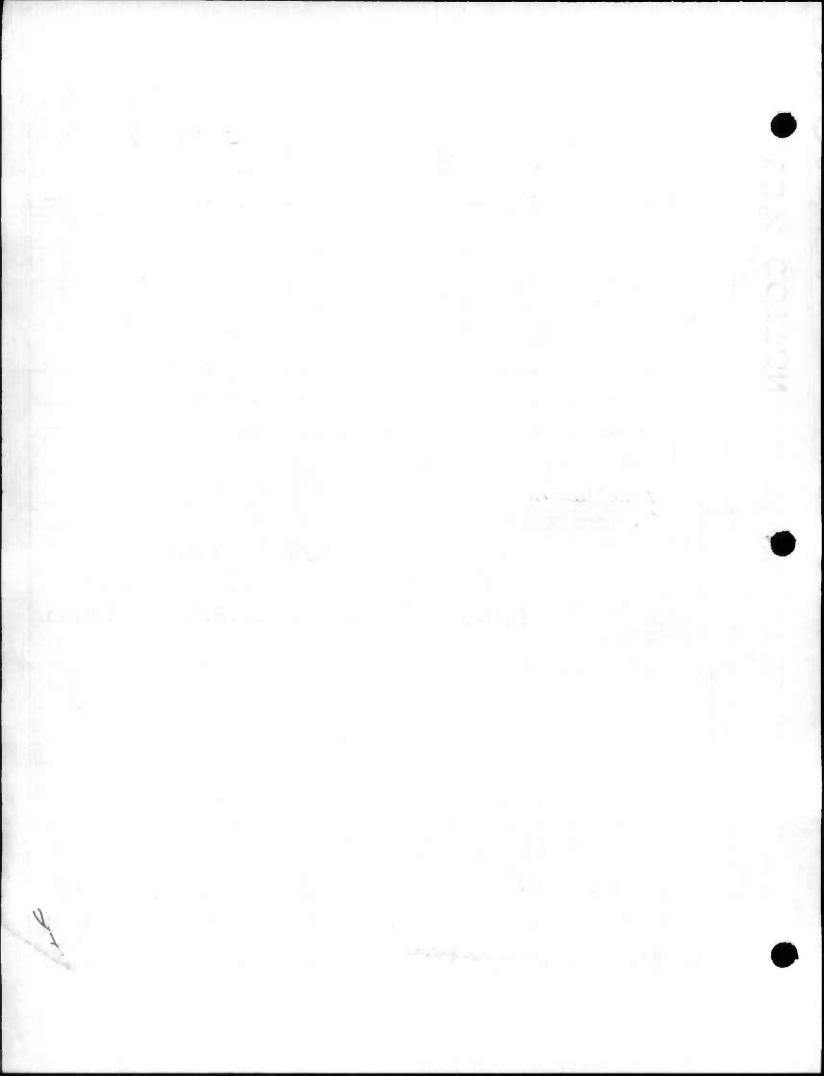
TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	CATE OF I	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF	DEATH	VEAD	3. TIME OF DEATH
Catherine Weis	man				05	26	91	3,45 4. N
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRTI	HPLACE (State or Foreign
UNKNOWN	1 🗆 M 2XXF   81	YRS.	IONTHS DAYS	HOURS MIN.	JULY !	5, 1909	NE	W JERSEY
e. FACILITY NAME (If not institution, give s	street and number)	1	9b. CITY, TOWN OF	LOCATION OF DI	EATH	9c. C0	DUNTY OF C	DEATH
Union Memorial	Hospital		Baltim	ore Cit	V			_
RESIDENCE OF DECEDENT	*				4			
De. STATE 10b. COUNT	Υ		TOWN OR LOCATIO					10d. INSIDE CITY LIMITS?
ARYLAND			BALTIMOR	Œ				IXX YES 2 □ NO
O. STREET AND NUMBER			101.	ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?
2802 CLIFTON PAR	K TERRACE			21213			U. S	. A.
1. MARITAL STATUS  Never Married 2 Married  Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2XXNO	If yes, spec	NDENT OF HISPAI city Cuben, Mexico XXXNO Specif	en, Puerto Rici	Specify Yea or No-	14. RAC Blac Spec	E — American Indian, ik, White, etc.
15. DECEDENT'S EDU		16a. DECEDENT'S U	SUAL OCCUPATION		16b. K	IND OF BUSINESS/I	NDUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during most retired.)	of working				
NA	NA	HOMEMA	KER			OWN I	IOME	
. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Mid	idie, Maiden Surname		
FRANK BRANDT				CATHE	DINE I	E. GANEY		
e. INFORMANT'S NAME (Type/Print)		19h MAILING A	DDRESS (Street on			City or Town, State,	Zin Code)	
MRS. DOROTHY E.	CANEY (COUCT							,
On. METHOD OF DISPOSITION		Db. PLACE AND DATE (			DLESEA	N. J.		
Deuriel 2 Cremetion 3 Rem	noval from State	f cemetary, crematory of	r other place)		1			
□ Donation 5 □ Other (Specify) I, SIGNATURE OF FUNERAL SERVICE LI		MOST HOLY		R CEMET		BALTIN	MORE,	MD
	- C	E	SCHTM	UNEK FU	NERAL.	HOMES, 1	NC.	
Eugen	L here	choh				BALTIMORE		21213
Sequentially list conditions, fary, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST		A CONSEQUENCE OF:	4					
PART II. Other significent condition	d	but not resulting in	tha undarlying	cause given in		44. WAS AN AUTOPS PERFORMED? 1 - YES 2 - NO	SY 24	b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	heck only one)			
1 TYES 2 NO	HOSPITAL: 1 inpetient 2 in ER/Ou		OTHER: 4  Nursing Home	5 🗆 Rasidence	6 Other	Specify)		
7. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 26c. INJU	IRY AT	1	RIBE HOW INJURY	OCCURED	
3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJUR building, etc. (Sp	RY — At home, ferm, str ecify)	reet, factory, office		28f. LOCAT City or	ION (Street and Num Town, State)	iber or Rural	Route Number,
one) 2 MEDICAL EXAMIN	SICIAN: To the best of my kno ER: On the basis of examinat			eath occured at the	e time, data a	nd place, and due to	o the cause	
196. SIGNATURE AND TITLE OF CERTIFIE  10. NAME AND ADDRESS OF PERSON WI	Phillips	DEATH (ITEM 27) (Type. I	Print)	29c. LICENSE NU	MBER	29d. C	S/2	6/9(
1. DATE FILED (Month, Day, Year)	1:	nien Re		losp.t.d	2018	Char PK.	B	It for not
MAY 3 0 1001	S. S. Novidson							

Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYL	CERTIFICA			REG. NO.	91	-14612
	1. DECEDENT'S NAME (First, Middle, SAMUEL	Last) A, AN	NELLO	)		Manting GEATH 19	et 5	3. TIME OF DEATH P
	4. SOCIAL SECURITY HUMBER 214-03-1614	S. SEX S. AGST	YRS. HE DE	7	NOER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Dec. 16,18		Country) Italy
OR	SAINT SO	//	TAL 96.	Towson			9c. COUNTY	-
DIRECTOR	RESIDENCE OF DECEDEN	COUNTY	10c, CITY, TOV	VN OR LOCATION				10d. INSIDE CITY
E	Maryland			more Cit	V			LIMITS?
A	10e. STREET AND NUMBER		Daten	101. ZIP (			10g. CITIZEN	OF WHAT COUNTRY?
E	6116 Belair Roa	ad		212			U.S.A.	
BY FUNERAL	11, MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS OECEOENT EVER IN FORCES? 1 YES	2 X NO		Cuban, Maxican	IC ORIOIN? (Specify Yea i, Puerto Rican, etc.) :		RACE — American Indien, Bleck, White, etc. Specify: Thite
COMPLETED	15. OECEDENT* (Specify only highest	S EDUCATION t grade completed)	16a. DECEDENT'S USUA (Give kind of work d	one during most of v	vorking	16b. KIND OF BUS	INESS/INOUST	RY
E	Elementary/Secondary (0-12) 6th Grade	College (1-4 or 6+)	ilie. Do NOT use retir Agent	<b>■</b> d.)		Met mm 1	itan T	ife Ins. Co.
Mo	17. FATHER'S NAME (First, Middle, La	ist)	rigare	18.	MOTHER'S NAM	ME (First, Middle, Maiden 3		itte his. co.
BE C	John Annello		_	F	rances	(Unknown)		
TO B	19e. INFORMANT'S NAME (Type/Print		2-1-	- 10-1		loute Number, City or Town		
	John C. Annello	1				altimore,		
	20e. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 4 Donation 5 Charles (Specify		cemetary crematory or our raine Parl					or Town, State  Maryland
	21. SIGNATURE OF FUNERAL SERV		ITALIE FALL	22. NAME AND AD	DRESS OF FAC	CILITY	THOTE	Maryrand
	> Kaikle	en m. Mu	phy	John C.	Mille lair R	r, Inc. oad. Balti	more.	Maryland 21206
		s, Dr complications that coused						, Approximate
	shock, or heert fe  IMMEDIATE CAUSE (Finel disease pr condition resulting in death)	ellure. List only one cause on e	STIVE	HE	AR-	T FA	iw	Interval Between Onset and Death
_		OUE TO JOR AS A	STAG	E 1	ZEN	IAC .	Dia	ANE
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	(21)	-	COURT		MONIE
	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):	UJV	-	SEVELL	5 17	MANHED
F	resulting in death) LAST	d						
5	PART ii. Other significent cor	nditions contributing to death b	out not resulting in th	e underlying car	use given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL				o unaonymy out	3. T.	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MED				_		1 _ YES 2	□ NO	OF DEATH?
2						_		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:	OT	26. PLACE	OF DEATH (Che	eck only one)		
YSI	1 TYES 2 NO	1   Inpetient 2   ER/Outp	patient 3 DOA 4 D	Nursing Home 5		6 Other (Specify)		
	27. MANNER OF DEATH  1 Netural 5 Pendin	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY WORK?		28d. DESCRIBE HOW II	NJURY OCCUR	ED
BY	2 Accident Investig	28e. PLACE OF INJURY	/ — At home, farm, street			26f. LOCATION (Street a	and Number or	Rural Route Number,
TE	4 Homicide determi		city)			City or Town, State)		
COMPLETED	(Orioon orin)	PHYSICIAN: To the best of my know						
S	29b. SIGNATURE AND TITLE OF CE	XAMINER: On the besis of examination	in and/or investigation, in					
TO BE	aballs,	m			D 2	5886	≥ 5	ONED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE OF DE		OSEPH	+ +1	OSPITAL	TO	WSON, MD
	31. DATE FILED (Morith, Day, Year) MAY 3 1 100	32. REGISTRAR'S SIGN						21204



BALTIMORE, MARYLAND 2121

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 124 hours after death. Page 6 may be retained by the hospital or and to the FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and conden prefer filled in by the funeral director, page 5 should be detacked for the death with the State Dept. of Health and Mental Hyghen prior to build, cremation, or removal.  IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR		CERT	ΓIFICATE	OFL	JEAIN	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	100					2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
Florence	Akers		Bull			May	26	1991	5:00 P
4. SOCIAL SECURITY NUMBER 216-36-5969	1 🗆 M 2 💢 F	SE (In yrs. lest birth	RS. IF UNDER		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, Sept.	26 190	3 Ma	aryland
96. FACILITY NAME (If not institution, give st Edenwald	treet and number)		9b. CITY,	Town on	SON	EATH	9c. (	Baltir	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Bal	Itimore	100	Towso		ON				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	rtillore		10W50		ZIP CODE		100	CITIZEN OF	1 YES 2X NO
800 Southerly R					21204			USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1  YOU IF YES, GIVE WAR OF	ES 2 NO	1	If yes, spec	NDENT OF HISPA city Cuben, Mexico DNO Specia	en, Puerto Rican		Bla	CE — American Indian, ck, White, atc. offy: White
15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kir	ENT'S USUAL Of nd of work done of VOT use retired.)			16b. KINI	OF BUSINESS	INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		Housew	ife			Homem	aker	
17. FATHER'S NAME (First, Middle, Last) Harry Mortimer	Akors				16. MOTHER'S NA	ME (First, Middle SSa Mat			
19a. INFORMANT'S NAME (Type/Print)	AREIS	19b. MA	ILING ADDRESS	S (Street and	d Number or Rural				
Barbara A. Be	rnhardt				Rd.,				93
20e, METHOD OF DISPOSITION  1 N Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND of complary, crest	DATE OF DISP	OSITION (	Name	DATE	Pikes	N — City or	Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE Martin	al Ja	22.	NAME AND	ADDRESS OF F	hell-Wi	edefelo	1	3 15
(VIa  23. PART I. Enter the diseases, or c shock, or heart feliure.		sed the death.		Timor	nium, M	laryland	d 2109:	3	
23. PART I. Enter the diseases, or o	complications that cau List only one cause or	sed the death. n eech line.	Do not enter	Timor	e of dylng, suc	laryland ch aa cardlec	d 2109: or respiretory	3	Interval Between Onset and Dear Z Theres
23. PART I. Enter the diseases, or canock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition	a. Severe Due to (or A Recurred Course)	sed the death. n eech line.	Do not enter	Timor	e of dylng, suc	laryland ch aa cardlec	d 2109: or respiretory	3	Onset and Dea
23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Severe Due to (or A Due to (	AS A CONSEQUENCE OF A C	Do not enter  Do ten	sion	tion, M	aryland the action of the characteristic form of	d 2109: or respiretory	3 / arrest,	Interval Between Onset and Deal Z 1 hours one week Two week Two weeks
23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions	a. Severe Due to (or A Due to (	AS A CONSEQUENCE OF A C	Do not enter  Do ten	Timor the mode sion	tion, M	n fect	d 2109:	3 / arrest,	Interval Between Onset and Deal 24 hours one week week Two Weeks
23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Sever  DUE TO (OR A  C. PUE TO (OR A  DUE TO (OR A	Is a CONSEQUENT OF THE LAST A CONSEQUENT OF LAST A CONSEQUENT OF THE LA	Do not enter  Do not enter  Do ten  Do	Timor the model Sior	e of dying, such	n fect	Or respiretory  WAS AN AUTO PERFORMEO?  YES 2   N	3 / arrest,	Interval Between Onset and Das 24 hours one week week Two weeks
23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending	a. Sever on Due to (on A Due to	Sed the death.  The second of	Do not enter  Do not enter  Do ten  Do	Timor the model of	ceuse given in	n fect Part I. 24a heck only one) 6 Other (Sp	Or respiretory  WAS AN AUTO PERFORMEO?  YES 2   N	3 y arrest,	Interval Between Onset and Deal 24 hours one week week Two Weeks
23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	a. Severe Due to (or A Pecural Due to (or A Du	Sed the death.  The second of	Do not enter  Do not enter  Do Hen  Do	Timor the model of	ceuse given in	n fec f	WAS AN AUTOI PERFORMECT  YES 2 N	PSY 2-	Interval Between Onset and Deal Z 1 hour one and Deal Z 1 hour one week week week week week week week we
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation  3 Suicide 6 Could not be detarmined	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  C. PLUT  DUE TO (OR A  DUE TO	Sed the death.  In each line.  In ea	Do not enter  Do not enter  Do Hen  Do	Timor the model of	ceuse given in the control of the co	n fect Pert I. 24a  1   1   Deck only one)  6   Other (Sp  28d. DESCRIE  26f. LOCATIO Chy or fo	WAS AN AUTO PERFORMED?  YES 2 N  N (Street and No. Warn, State)	PPSY 2	Interval Betwee Onset and Dea 24 hours one and Dea 24 hours one week week Two Weeks  No. WERE AUTOPSY FINDING AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation  3 Suicide 6 Could not be detarmined	DUE TO (OR A  C. DUE TO (OR A	Sed the death.  In each line.  In ea	Do not enter  Do not enter  Do Hen  Do	Timor the mode SIOr Ple TYTI anderlying 28. PLA R: saling Home 29c. INJUI TY Tory, office	ceuse given in the control of the co	Part I. 24a  1   Part I. 24a  1   Part I. 24a  26d. DESCRIE  26f. LOCATIO City or To  the to the cause(s) the time, date and	WAS AN AUTO PERFORMED?  YES 2 N  N (Street and Numm, State)  and menner as place, and due	PPSY 2 OCCURED  Moder or Rura e stated. to the cause	Interval Between Onset and Dea 24 hours one and Dea 24 hours one week week Two Weeks  No. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

BALTIMORE, MARYLAN

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE OF MARYLA		ENT OF HEALTH AND MATE OF DEATH	MENTAL HYGIENE REG. NO.	71 14014		
	1. DECEDENT'S NAME (First, Middle, Last) Henry Ju	lius Bur	ton	2. DATE OF DEATH 5-2 MONTH 5 DAY	7-91 3. TIME OF DEATH 8: 25a		
	4. SOCIAL SECURITY NUMBER / 5. SEX 6. AGE (1) 217-24-4284 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		UNDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05-06-193	a. BIRTHPLACE (State or Foreign Country) Pennsylvania		
OR	98. FACILITY NAME (If not institution, give street and number)  Loch Raven VA Medical Cel		Baltimore	ATH 9c.	COUNTY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY		
	Maryland		Baltimore		1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER		101. ZIP CODE 21.212	10g. CITIZEN OF WHAT COUNTRY?			
SNE	4225 Ivanhoe Avenue  11. Marital Status  12. Was Decedent Ever In FORCES?  14. Was Marital FORCES?  14. Yes	U.S. ARMED	13. WAS DECENDENT OF HISPAN		USA 0- 14. RACE — American Indian, Black, White, atc.		
BY	1 Never Merried 2 Merried FORCES? 1 No YES IF YES, GIVE WAR OR DJ		If yes, specify Cuban, Mexica 1 TES 2 XNO Specify		Black, White, atc.  Specify: Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	Iffe. Do NOT use ret	done during most of working ired.)	16b. KIND OF BUSINES	100 (000)		
MPI	7 th	Janit	and the second second	Janitori ME (First, Middle, Maiden Surna	al Service		
	Julius Burton		2000 0000000000000000000000000000000000	art Lowery			
TO BE	19a. INFORMANT'S NAME (Type/Print)	11-1-100	ORESS (Street and Number or Rural I	Route Number, City or Town, Sta	ite, Zip Code)		
۲	Frances A. Rorie		Old York Roa				
		other minest	matory, Inc.		ON — City or Town, Stata		
	21. SIGNATURE POFUNERAL SERVICE (ICENSEE	-	22 NAME AND ADDRESS OF FA	CILITY			
9	George E. MacNabb		299 Frederi	ck Road, B	Maryland alto, MD 21228		
CERTIFICATION	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  List only one cause on each line.  Interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):						
MEDICAL	PART II. Other aignificent conditions contributing to death be Malmutrition Spiral cord met	out not resulting in t	ne underlying cause given in	Part I. 24s. WAS AN AUTO PERFORMED 1 YES 2 P	? AVAILABLE PRIOR TO COMPLETION OF CAUSE		
CIAI	25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1   YES 2   NO   10   10   10   10   10   10   10   1	T o	26. PLACE OF DEATH (Ch	eck only one)			
PHYSICIAN:	27. MANNER OF GEATH  28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF INJURY	Nursing Home 5 Residence  F 28c. INJURY AT WORK?  M 1 YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW INJUR	Y OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, etc. (Special Country of the Count	/ At home, farm, street		281. LOCATION (Street and N City or Town, State)	lumber or Rural Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination						
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  Whiles Hunn, (MD)		29c. LICENSE NUI	WBER 290	5/27/51		
	30. NAME AND MOORESS OF PERSON WHO COMPLETED CAUSE OF OR  22 5. Cruent St.  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGN	ept of o	reliaine,	Bolt. Ml	21201		
	MAY 31 1991 Julia Savidson-V	andell'					

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Chicago Company (Control of the Control of the Cont	TO THE HOSPITAL OR ATTENDING PHYSICIAN TITE THE PROPERTY OF STATE OF STATES	TO THE FUNERAL DIRECTOR: After this certification of the property of the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State heart of Health and Mental Hotelete prior to burial, clemation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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)	AL O	TO THE FUNERAL DIRECTOR. After this certification and support by the attending physician and completely filled in by the first within 20 hours after death with the State Dept. or Health and Mental Hotiene prior to burial, cremanal.	11 14
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REGISTRAR		CI	ERTIFICAT	E OF DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH	VEAD	3. TIME OF DEATH
RAYMOND		L.		BERRY	05	29	1991	10:51
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		ER 1 YEAR IF UNDER 24 HF	s. 7. DATE OF BI	RTH	8. BIRTI	IPLACE (State or Fore
213-64-8/27	Daz Dr	148	YRS. MONTHS	DAYS HOURS MI	Month, Day,		Count	" MA
9a. FACILITY NAME (If not institution, give s	street and number)		9b, Ci	TY, TOWN OR LOCATION O			NTY OF D	EATH
	ARKING L	OΨ		OCEAN CIT				
RESIDENCE OF DECEDENT	ALLING L	OI		OCEAN CIT	L		WUKU	ESTER
106. COUNT	//	FORB	10c. CITY, TOWN	QR LOCATION	-			10d. INSIDE CITY LIMITS? 1 YES 2 4
10. STREET AND NUMBER OAK	mont	Rd	1.	101. ZIP CODE	047	10g. CIT	IZEN OF	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. AR	IMED 15	. WAS DECENDENT OF HIS	SPANIC ORIGIN? (Spi	city Yes or No-	14. RAC	E — American Indian,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	WAR OF DATES	NO /	If yes, specify Cuban, Miles 1 PKS 2 NO S	xican, Puerto Rican,		Spec	k, 995da, etc.
15. OECEDENT'S EDU		16a,66	ECEOENT'S USUAL	OCCUPATION	16b. KINC	OF BUSINESS/IN	OUSTRY	
(Specify only highest grade	College (1-4 or 5	Mo	Do NOT use retired	Explain	es E	rook .	Bu	5/105
17. FATHER SAME (First, Middle, Last)	15 to oh	ice E	Perry	18. MOTHER'S	NAME (First, Middle,	Malden Surname)	pres	20/
18s. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADDRE	SS (Street and Number or R	ural Route Number Ch	ty or Town, State, Z	in Code)	1 110
R. J. C. B.	CARAL		157	120 41	60/11/2	LB.	0 14	1 160-1
20a. METROD OF DISPOSITION	-1-1-9		/ 0 /	curity.	3400	6 6/	700	11000
1 Burial 2 Cremetion 3 Rem	noval from State		AND DATE OF DIS		DATE	20c. LOCATION -	- City or Ti	own, State
4 Donation 5 Other (Specify)		_   ///	AKLAN	N CELL	ky 6 /7/	BR	10	120 .
21. SIGNATURE OF FUNERAL SERVICE O	CENSEE		2	2. NAME AND ADDRESS O	PACILITY		m.	To 1594
· /////	60 -			-10sepp	aci	an pin	9	5 00 1
1027	- Laboratoria de la companya de la c			16551	CONKI	149 3	do	262/60/
23. PARO I. Enter the disease, or shock, or heart fallure, IMMEDIATE CAUSE (Final disease or condition	List only one ca	ruse on each line	е.			or respiratory s	rrest,	Approximat Interval Bet Onset and I
shock, or want failure, immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	ACUTE  a. ACUTE  DUE π	ruse on each line	IC AND A	er the mode of dying,		or prepiratory a	rrest,	Interval Bet
shock or deart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE  a. ACUTE  DUE π	E NARCOT: D (OR AS A CONSE	IC AND A			er prepiratory a	rrest,	Interval Bet
shock, or want failure, immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	ACUTE  B. DUE TO  DUE-TO  C.	E NARCOT: D (OR AS A CONSE	IC AND A COUENCE OF):			er pespiratory a	rrest,	Interval Bet
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pay 6 may 6 miles by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimens, mans if you have a dimension of the funeral dimension of the funeral dimension of the funeral funer	IMPORTANT: II Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, Last)	· T			OL -	DEA		2. DA		DAY	YEAR	3. TIME OF DEATH
Cho			Chou	Chen			Ma	y 31			3-1
4. SOCIAL SECURITY NUMBER 222-42-6513	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	HOURS	R 24 HRS. MIN.	(M	TE OF BIRTH onth, Day, Year)	-	Country	China
9a. FACILITY NAME (If not institution, give s	treet and number)	0,	9	b. CITY, TOWN	OR LOCAT	ION OF D		, 20, 3	9c. COUN		
Baltimore County	General	Hospital		Randa	11st	own			Ва	altin	nore
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y		10c. CITY,	TOWN OR LOCA	TION		_			T	10d. INSIDE CITY LIMITS?
Maryland 10e. STREET AND NUMBER	Howard			Marr:			Le				1 YES 2 NO
2410 Walden W	ay			10	211	-			10g. CITIZ	Chir	HAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Midowed 4 Divorced	FORCES? 1	IT EVER IN U.S. ARI YES 2 1 N		If yes, s		en, Mexico	an, Puer	GIN? (Specify Y to Rican, etc.)	ea or No-	14. RACE Black, Specify	— American Indian, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	(GA		SUAL OCCUPAT rk done during m retired.)		ing		16b. KIND OF B	USINESS/INDI		1011041
Unknown	College (1-4 or 5	*)	Hous	ewife							
17. FATHER'S NAME (First, Middle, Last)					16. MO	HER'S N		st, Middle, Malde	en Surname)		
Unknown								nown			
19a. INFORMANT'S NAME (Type/Print) Mr. Steve Chen				alden V						211	104
20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Rem	oval from State			OF DISPOSITION of other place)	N (Name		0		LOCATION — C		
4 Donation 5 Other (Specify)	CENSSE			22. NAME /	ND ADDR	ESS OF F	ACILITY	neral			Taiwan
· Lakert	3.			Lor	no F	vers	s Fu	neral	Direct	ors.	Inc
23. PART I. Enter the diseases, or shock, or haert fellure.	List only one cer	use on each line.		8728	B Lib	erty	Ro ch as c	ad Ra	ndalls	stown	Approximate interval Betwee Onset and Dec
shock, or haert feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	a. PE	at caused the decuse on each line.  SPIPATO OR AS A CONSECUTION OF	ONLY DUENCE OF	8728	B Lib	erty	Ro ch as c	ad Ra	ndalls	stown	Approximate interval Betwee Onset and Dec
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nd for use as the burial-transit permit. Pages 1, 2, 3 should

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DALIM	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner in
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DIVISION OF VITAL RECORDS, P.O. BOX 88780,	quire	n sig	f Hea	OWS.
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MAY 31 1991

. HEGISTRAN'S SIGNATURE

	1 - STATE REGISTRAR	STATE OF MARYLAND /		TMENT OF H			HYGIENE REG. NO.	91	14617
4	1. DECEDENT'S NAME (First, Middle, Last)	,	1			2. DATE OF MONTH		YE	3. TIME OF DEATH
	Elizabet	h	Ca	1022	a	5	27	91	Ŋ M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF			HRTHPLACE (State or Foreign ountry)
	129-12-6112	1PM2 0 F 77	YRS.	MUNTINS DATS	HOURS WIR.	9-2	- / -	3	MD.
	9e. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN C	R LOCATION OF E	DEATH	9	c. COUNTY	OF DEATH
18	400 5.4	FICH ST.		BAL	Timor	C			
DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY		I soc CITY	r, TOWN OR LOCAT	TON				10d. INSIDE CITY
E E	MD.		0						LIMITS?
	10e, STREET AND NUMBER			NUTT M	ZIP CODE		Li	na CITIZEN	OF WHAT COUNTRY?
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FUNERAL		12. WAS OECEDENT EVER IN U.S. AR	RMFO	13. WAS OFC	ENDENT OF HISPA	ANIC ORIGIN?	Specify Yes or		
BYE	1 Never Merried 2 Merried 3 Widowed 4 Diverced		NÓ	If yes, sp	2 No Spec	can, Puerto Ric			RACE — American Indien, Bleck, White, etc.
03	15. OECEDENT'S EDUCA		CEDENT'S	USUAL OCCUPATION	ON .	16b. K	ND OF BUSIN	ESS/INDUST	RY
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Do NOT us	vork done during mo se retired.)	at of working				
AP.	12	3	SCAN	ISTACSS		_	TAIL	ORIN	9
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, Mid	die, Maiden Sur	name)	
BE	HNIONIO	FeliceTTi			GRAZ	ZIA L	-omt	BAR	Do
10 B	190. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (Street a	nd Number or Rura	I Floute Number	City or Town, S	State, Zip Cod	•)
F	JOHN (ARO)	ASS	400	S. Hil	SH 57		BALT	21	202 MD.
	20s. METHOD OF DISPOSITION			or other place	(Name	DATE	20c. LOCAT	TION — City	or Town, State
	4 Donetion 5 Other (Specify)	- GAB	Dons	ot, 4	3).HTE	M 15-3	1	shito	. MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE	Tell from		32: NAME AF	D ADDRESS OF F		ST.	Bu	TO 21262/10
	23, PART I. Enter the diseases, or co	omplications that caused the de	eath. Do r	not antar the mo					Approximate
	IMMEDIATE CAUSE (Final disease or condition	Ist only one cause on each line	dia	. /	Tof	arc	tir	'n	Interval Between Onset and Death
	resulting in death) a	DOE TO (OR AS A CONSE	QUENCE O	h:	01	11	ti	0.0	
7		UPNTVII	1///	AV +	-1Dr	11///	7 /		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	CQUENCE OF	ar t	-10r	1116	27	011	
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSE			-10r	1116	27	071	
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING				-16r		27	071	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERILYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE O	F):					
CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	QUENCE O	F):			4a. WAS AN AU PERFORME	торѕу	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  Hyper aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 DNO  27. MANNER OF DEATH	DUE TO (OR AS A CONSE	resulting	26. PI OTHER: 4 Unusing Hon IE OF 28c. IN. WK	g cause given i	Check only one)	48. WAS AN AU PERFORMS	TTOPSY SOT	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  ### PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   VES 2   NO  27. MANNIER OF DEATH  1   Natural 5   Pending Investigation	DUE TO (OR AS A CONSE	resulting  3 □ DOA  26b. TIM.	26. PI OTHER: 4   Nursing Hon IE OF 28c. IN. WY M 1	g cause given i	Check only one)  6  Other (  28d. DESC	4s. WAS AN AU PERFORM VES 2	TTOPSY EO7 T NO	AMALABLE PRIVOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  ### PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNIER OF DEATH  1 Natural 5  Pending	DUE TO (OR AS A CONSE	resulting  3 □ DOA  26b. TIM.	26. PI OTHER: 4   Nursing Hon IE OF 28c. IN. WY M 1	g cause given i	Check only one)  e 6  Other (  28d. DESC	4s. WAS AN AU PERFORM VES 2	TTOPSY EO7 T NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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ED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  ### PART II. Other aignificant conditions  #### PART II. Other aignificant conditions  ###################################	DUE TO (OR AS A CONSE  Contributing to death but not  Melly + U  HOSPITAL:    Inpetient 2 = ER/Outpetient :    26e. DATE OF INJURY - At houlding, etc. (Specify)    28e. PLACE OF INJURY - At houlding, etc. (Specify)	resulting  S  DOA  26b. TIM N.  Jome, farm,	26. Pl OTHER: 4   Nursing Hon IE OF   28c. IN, URY M 1   street, fectory, office	g cause given i	Check only one)  6 GOther (  28d. DESC  28f. LOCAT  City or	Specify) RIBE HOW INJI HON (Street and Town, State)	TOPSY NO URY OCCURI	AMALABLE PRIVOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Fural Route Number,
ED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  ### PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A CONSE  contributing to death but not  SOLUTION  HOSPITAL: 1   Inpatient 2   ER/Outpetient :  26e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — At he building, etc. (Specify)  IAN: To the best of my knowledge, did: On the beste of examination and/or	resulting  S  DOA  26b. TIM N.  Jome, farm,	26. Pl OTHER: 4   Nursing Hon IE OF   28c. IN, URY M 1   street, fectory, office	g cause given i	Check only one)  6 GOther (  28d. DESC  28f. LOCAT  City or	Specify) RIBE HOW INJI HON (Street and Town, State)	TOPSY NO URY OCCURI	AMALABLE PRIVOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Fural Route Number,
BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  ### PART II. Other aignificant conditions  #### PART II. Other aignificant conditions  ###################################	DUE TO (OR AS A CONSE  contributing to death but not  SOLUTION  HOSPITAL: 1   Inpatient 2   ER/Outpetient :  26e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — At he building, etc. (Specify)  IAN: To the best of my knowledge, did: On the beste of examination and/or	resulting  S  DOA  26b. TIM N.  Jome, farm,	26. Pl OTHER: 4   Nursing Hon IE OF   28c. IN, URY M 1   street, fectory, office	g cause given i	Check only one)  6 G Other (  28d, DESC  28f, LOCAT  City or	4s. WAS AN AU PERFORM VES 2 Specify) RIBE HOW INJU HON (Street end Town, State)	TOPSY OOT NO  I No  I Number or F or se stated. due to the ca	AMALABLE PRIVOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Fural Route Number,

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NAME AND ADDRESS OF THE PARTY AND THE

SOUR SECURITY NUMBER  200-12-6808  1-2-2-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-	CO 1 10 1 1		OLI (III	TOATE C	OF DEATH	2. DATE O	REG. NO.	QYEAR	3. TIME OF DEATH
220-12-6808		DNA C.			7.00	05		91	TA
18. COLTY TOWN ON LOCATION OF DEATH SO PH AY TO SO PH AY TO RESIDENCE OF DECEDENT WE STREET AND NUMBER 18. COUNTY SO STREET 18. COUNTY SO STREE					-	(Month,	Day, Year)	Countr	y)
THE STREET AS ONE DECEMBER 1 SOL COUNTY MS 100. COU	9a. FACILITY NAME (If not institution, give		70	9b. CITY, TO	WN OR LOCATION OF D	1	11 1		Mr. A.
THE STREET AS ONE DECEMBER 1 SOL COUNTY MS 100. COU									
THE ADDRESS OF PRINCIPAL STRUCTURE OF WHAT COUNTRY?    MANTAL STRUCTURE OF WHAT COUNTRY?   10 Man RECOGNITY OF HAND COUNTRY?   10 Man RECOGNITY OF HAND COUNTRY?   10 Man RECOGNITY OF HAND COUNTRY?   11 Man RECOGNITY OF HAND COUNTRY?   11 Man RECOGNITY OF HAND COUNTRY?   12 MAN RECOGNITY HAND MAN RECOGNITY HAND COUNTRY?   12 MAN RECOGNITY HAND MAN RECOGNITY HAND COUNTRY?   12 MAN RECOGNITY HAND MAN RECOGNITY									
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IN MARTIAL STATUS    There Married 2   Married   Discussed   Observed   Discussed   Observed   Discussed   Observed   Obs	3658 GREED VAC	E RD			21229		1	45	
Comment of the process of the control of the process of the present of the pres	11. MARITAL STATUS 1 Never Married 2 Married 3 Nover 4 Divorced	12. WAS DECEDENT EVER FORCES? 1   YES	2 NO	If ye	DECENDENT OF HISPA s, specify Cuban, Mexic	an, Puerto Ric			ly:
TRAINERS NAME FIRE MASSA ASSESSMENT AND THE PRINCE LICENSES  TO CATHERIS NAME FIRE MASSA ASSESSMENT AND FIRE FOR MASSA ASSESSMENT AND FIRE MASSA ASS			16a. DECEDENT'S	Work done durin	PATION a most of working	16b. F	UND OF BUSINESS	SINDUSTRY	
TRANK T. FILIPPINO  199. MALHO ADDRESS (Store and Number or Purel Roum Number: City or Town, Stein, ZD Code) MRS. KATHLEEN MILLER  190. MALHO ADDRESS (Store and Number or Purel Roum Number: City or Town, Stein, ZD Code) MRS. KATHLEEN MILLER  190. MALHO ADDRESS (Store and Number or Purel Roum Number: City or Town, Stein, ZD Code) MRS. KATHLEEN MILLER  190. MALHO ADDRESS (Store and Number or Purel Roum Number: City or Town, Stein, ZD Code) MRS. KATHLEEN MILLER  190. MALHO ADDRESS (Store and Number or Purel Roum Number: City or Town, Stein, ZD Code) MRS. KATHLEEN MILLER  190. MALHO ADDRESS (Store and Number or Purel Roum Number: City or Town, Stein Baltimore, Md. 21228  290. MALHO ADDRESS (Store and Number or Purel Roum Number: City or Town, Stein Baltimore, Md. 21228  291. MALHO ADDRESS (Store and Number or Purel Roum Number: City or Town, Stein Baltimore, Md. 21228  292. MALE ADDRESS (Store and Number or Purel Roum Number: City or Town, Stein Baltimore, Md. 21228  293. PLACE OF DEATH (Number: ADDRESS OF FACILITY HOWARD H., HUBBARD FUNERAL HOME, INC. 4107 WILLENS AVE. BALTIMORE, MD. 21229  294. PART, I. Efficis the diseases, or complications that callised the deeth: Do not enter the mode of dying, such as cordisc or respiratory strest, Interest Basin Disease or condition  100 WI TO (OR AS A CONSCOURNE OF):  11							ST. ACNI	ES HOS	PTTAT.
FRANK T. FILIPPINO  EMMA TRIBBE  198. MAILNO ADDRESS (Street and Number or Parts Riches Number. City or Town. Strin. 20 Code)  MRS. KAPTHLEEN MILLER  604 AIVIT AVenue, Baltimore, Md. 21228  206. METHOD OF DISPOSITION 11 JUNE 2 Contention 3 Ramoval from State  12 JUNE 2 Contention 3			Tece	Peront					
THE INFORMANT'S NAME (TypesPrint)  MRS. KATHLEEN MILLER  100. MALENO ADDRESS (Street and Number or Partal Roads Number City or Town. State. 20 Code)  101. MALENO ADDRESS (Street and Number or Partal Roads Number City or Town. State. 20 Code)  102. MANIER OF DEPOSITION (Number City or Town. State. 20 Code)  103. MARIEN STATE (ALIES STATE AND DATE OF DISPOSITION (Number City or Town. State. 20 Code)  103. MARIEN ADDRESS (Street and Number or Partal Roads Number City or Town. State. 20 Code)  104. ADDRESS (Street and Number or Partal Roads Number City or Town. State. 20 Code)  105. MALENDA ADDRESS (Street and Number or Partal Roads Number City or Town. State. 20 Code)  105. MALENDA ADDRESS (Street and Number or Partal Roads Number City or Town. State. 20 Code)  105. MALENDA ADDRESS (Street and Number or Partal Roads Number City or Town. State. 21 Code)  105. MALENDA ADDRESS (Street and Number or Partal Roads Number City or Town. State. 21 Code)  105. MALENDA ADDRESS (Street and Number or Partal Roads Number City or Town. State. 21 Code)  105. MALENDA ADDRESS (Street and Number or Partal Roads Number City or Town. State. 21 Code)  106. MALENDA ADDRESS (Street and Number or Partal Roads Number City or Town. State. 21 Code)  106. MALENDA ADDRESS (Street and Number City or Town. State. 21 Code)  107. MARIENDA ADDRESS (Street and Number City or Town. State. 21 Code)  108. MALENDA ADDRESS (Street and Number City or Town. State. 21 Code)  108. MALENDA ADDRESS (Street and Number City or Town. State. 21 Code)  109. MALENDA ADDRESS (Street and Number City or Town. State. 21 Code)  109. MALENDA ADDRESS (Street and Number City or Town. State. 21 Code)  109. MALENDA ADDRESS (Street and Number City or Town. State. 21 Code)  109. MALENDA ADDRESS (Street and Number City or Town. State. 22 Code)  109. MALENDA ADDRESS (Street and Number City or Town. State. 22 Code)  109. MALENDA ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Text 27) (Spor. Part)  109. MALENDA ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEXT 27) (Spor. Part)		PTNO						ne)	
MRS. KATHLEEN MILLER  604 Alvin Avenue, Baltimore, Md. 21228  206. METHOD OF DISPOSITION   Greatering of Computation of Comput			19b, MAILING	D ADDRESS (St				a. Zio Codel	
Companies   Commention   Removal from State   Companies   Compan		MILLER							8
22. PART I, ETIGIT the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdisc or respiratory arrest, abock, or heart felture. List only one cause on each line.    Approximate interval Betwood and one of dying, such as cerdisc or respiratory arrest, abock, or heart felture. List only one cause on each line.    Approximate interval Betwood and diseases or conditions, as a consequence orp:						DATE	20c. LOCATIO	N — City or To	wn, Stata
HOWARD H. HUBBARD FUNERAL HOME, INC.  21229  23. PART I. Effet the diseases, or complications that caused the debth. Do not enter the mode of dying, such as cerdisc or respiratory strest, shock, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Fine)  disease or condition  a. Mark and Due to (or As A CONSEQUENCE OP):  DUE TO (or As A CONSEQUENCE OP):  d. DUE TO (or As A CONSEQUENCE OP):  DUE TO (or As A CONSEQUENCE OP):  d. DUE TO		Imoval from State	VEW CATHE	EDRAL	)	6-3	Balti	more,	Md.
23. PART I. Emer the diseases, or complications that caused the debth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List brity one cause on each line.    Approximate interval Betw Onset and Disease or condition	21. SIGNATURE OF FUNITIAL HERVICE	LICENSEE	1.10				T1777 T A T	17.03.62	TNG
23. PART, I. Effect the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, abock, or heart failure. List only one cause on each line.  MIMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO	+ tein	2. 7	991	HOW 410	ARD H. HU	PALE	BALTIMO	RE MD	21229
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.    24a, Was an autopsy Preparation of Cause Performent   24b, Were autopsy Prince   24b, We	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE O	OF):					
25. WAS CASE REFERRED TO MEDICAL  EXAMINERY  1		d							
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Notural  28. DATE OF INJURY  (Morth, Dey, Year)  28. DATE OF INJURY  (Check only one)  28. DATE OF INJURY  28. DATE OF INJURY  (Check only one)  28. DATE OF INJURY  A home, farm, street, factory, office  28. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. DATE  32. DATE OF INJURY  1 VES 2 NO  1 VES 2 NO  28. DATE SIGNED (Month, Day, Year)  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. DATE  32. DATE OF DEATH (ITEM 27) (Type, Print)  33. DATE  29. LICENSE NUMBER  29. DATE  30. DATE  31. DOCATION  31. DATE  32. DATE  31. DATE  31. DATE  32. DATE  31. DATE  32. DATE  32. DA		ions contributing to death	but not resulting	In Mrd.					-
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inputent 2 ER/Outpatiant 3 DOA  A THER:  1 Notural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY AT WORK?  29. LOCATION (Street and Number or Flural Route Number)  29. LICENSE NUMBER  29. LICENSE N	PART II. Other algnificant conditions	Total Control of the Control	Dat not resulting	in the under	fylng ceuse given li	n Part I.   :			
EXAMINER?  1   YES 2   MO  27. MANNER OF DEATH  1   Inpetient 2   ER/Outpetiant 3   DOA   4   Enturing Home 5   Residence 6   Other (Specify)  28. DATE OF INJURY AT WORK?  1   Westural 5   Pending Investigation 2   Sac. INJURY AT WORK?  2   Accident 3   Suicide 8   Could not be detarmined  28. PLACE OF INJURY — At home, farm, street, factory, office  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)  29c. CERTIFIER (Check only or Town, Stete)  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. P. R. D. W.E. Summary Number (Type, Print)  32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  33. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  34. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  35. P. R. D. W.E. Summary Number (Type, Print)  36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  37. P. R. D. W.E. Summary Number (Type, Print)  38. LOCATION (Street and Number or Rural Route Number)  286. DEATH (Work)  286. INJURY AT WORK?  380. THE OF CERTIFIER  286. LOCATION (Street and Number or Rural Route Number)  287. LOCATION (Street and Number or Rural Route Number)  288. LOCATION (Street and Number or Rural Route Number)  289. LOCATION (Street and Number or Rural Route Number)  280. LOCATION (Street and Number or Rural Route Number)  280. LOCATION (Street and Number or Rural Route Number)				in the under	lying ceuse given in				AVAILABLE PRIOR TO COMPLETION OF CAUS
EXAMINER?  1   YES 2   MO  27. MANNER OF DEATH  1   Inpetient 2   ER/Outpetiant 3   DOA   4   Enturing Home 5   Residence 6   Other (Specify)  28. DATE OF INJURY AT WORK?  1   Westural 5   Pending Investigation 2   Sac. INJURY AT WORK?  2   Accident 3   Suicide 8   Could not be detarmined  28. PLACE OF INJURY — At home, farm, street, factory, office  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)  29c. CERTIFIER (Check only or Town, Stete)  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. P. R. D. W.E. Summary Number (Type, Print)  32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  33. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  34. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  35. P. R. D. W.E. Summary Number (Type, Print)  36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  37. P. R. D. W.E. Summary Number (Type, Print)  38. LOCATION (Street and Number or Rural Route Number)  286. DEATH (Work)  286. INJURY AT WORK?  380. THE OF CERTIFIER  286. LOCATION (Street and Number or Rural Route Number)  287. LOCATION (Street and Number or Rural Route Number)  288. LOCATION (Street and Number or Rural Route Number)  289. LOCATION (Street and Number or Rural Route Number)  280. LOCATION (Street and Number or Rural Route Number)  280. LOCATION (Street and Number or Rural Route Number)				in the under	fying couse given in				AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
1   YES 2 NO   1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)  27. MANNER OF DEATH   1   Hetural 5   Pending Investigation 3   Sulcide 8   Could not be detarmined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Morth), Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED-CAUSE OF DEATH (ITEM 27) (Type, Print)  31. P. R. O. W.E.   Public Number   Print)   Print)   Public Number   Public Num				in the under	flying ceuse given i				AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
1   Natural 2   Accident 3   Sulcide 4   Homicide 8   Could not be detarmined 22ea. PLACE OF INJURY — At home, farm, street, factory, office 22ea. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month), Day, Year)  30c. NAME AND ADDRESS OF PERSON WHO COMPLETED-CAUSE OF DEATH (ITEM 27) (Type, Print)  31   VES 2   NO   28f. LOCATION (Street and Number or Fural Route Number, City or Town, State)  29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month), Day, Year)  31   VES 2   NO   28f. LOCATION (Street and Number or Fural Route Number, City or Town, State)  29c. LICENSE NUMBER 29d. DATE SIGNED (Month), Day, Year)  31   VES 2   NO   28f. LOCATION (Street and Number or Fural Route Number, City or Town, State)  29c. LICENSE NUMBER 29d. DATE SIGNED (Month), Day, Year)  31   VES 2   NO   28f. LOCATION (Street and Number or Fural Route Number, City or Town, State)  29d. DATE SIGNED (Month), Day, Year)  31   VES 2   NO   28f. LOCATION (Street and Number or Fural Route Number, City or Town, State)  29d. DATE SIGNED (Month), Day, Year)  31   VES 2   NO   28f. LOCATION (Street and Number or Fural Route Number, City or Town, State)  29d. DATE SIGNED (Month), Day, Year)  31   VES 2   NO   28f. LOCATION (Street and Number or Fural Route Number, City or Town, State)  32f. LOCATION (Street and Number or Fural Route Number, City or Town, State)  32f. LOCATION (Street and Number or Fural Route Number, City or Town, State)  32f. LOCATION (Street and Number or Fural Route Number, City or Town, State)  32f. LOCATION (Street and Number or Fural Route Number, City or Town, State)  32f. LOCATION (Street and Number or Fural Route Number, City or Town, State)  32f. LOCATION (Street and Number or Fural Route Number, City or Town, State)  32f. LOCATION (Street and Number or Fural Route Number, City or	O Ld	CVA (R				7	1 🗆 YES 2 🌁 🕏		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
3   Sulcide 4   Homicide 8   Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3   3   4   5   5   5   5   5   5   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3   Sulcide 4   Homicide 28f. LOCATION (Street and Number or Rural Route Number, City or Yourn, Stete) 29d. LICENSE and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 3   4   5   5   5   5   5   5   5   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3   Sulcide 4   Homicide 29d. LICENSE NUMBER 29c. LICENSE NUMBER 29d. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3   4   5   5   5   5   5   5   4   5   5   5   5   5   6   5   5   5   5   7   7   7   5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 THO	HOSPITAL: 1   Inputlent 2   ER/O	utpetlent 3 DOA	OTHER:	26. PLACE OF DEATH (C	Check only one	1  YES 2	0	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
(Check only one) 2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Morith, Day, Vear)  5/30/91  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  7. E., ROWE  SUMMER AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Wersource  House  Author  A	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1   Inpatient 2   ER/Ox  28a. DATE OF INJUR (Month, Day, Year	utpatient 3 DOA	OTHER: 4  Nursing	26. PLACE OF DEATH (C Home 5 - Residence INJURY AT WORK?	Check only one	1  YES 2	0	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
James & Russe M. D. 13170 > 5/30/91  10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  J. E. ROWE Surrenit Neuroing Home Balto. M.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO 27. MANNER OF DEATH 1   Natural 5   Pending investigation 3   Suicide 8   Could not 1	HOSPITAL: 1   Inpatient 2   ER/Or 28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJUR be building, etc. (Si	utpetient 3 DOA Y 28b. Til	OTHER: 4 © Nursing ME OF 28-	26. PLACE OF DEATH (C Home 5  Residence c. INJURY AT WORK?  YES 2  NO	Check only one  6 Other  28d. DESC	1 YES 2 M	Y OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
J. E. ROWE Summet Neersen House Balto. M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation  3 Suicide 8 Could not 1 detarmined  4 Homicide Check only  1 DESTIFYING PH	HOSPITAL: 1   Inpatient 2   ER/Or 28a. DATE OF INJUR (Month, Day, Year  28a. PLACE OF INJU building, etc. (S)	utpetient 3 DOA Y 28b. Till IN RY — At home, ferm,	OTHER: 4 I Nursing ME OF 28- UJURY M 1 street, factory,	Replace OF DEATH (C Home 5   Residence NOUNCY AT WORK? YES 2   NO office	Sheck only one  6 Other  28d. DESC  28f. LOCA City one	(Specify)  (Specify)  TION (Street and No. 7 Town, State)	Y OCCURED umber or Rural	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
J. E. ROWE Summet Neersing Home Balto. M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   ER/On 28a. DATE OF INJUR (Month, Day, Year building, etc. (S) ITSICIAN: To the best of my kno	utpetient 3 DOA Y 28b. Till IN RY — At home, ferm,	OTHER: 4 I Nursing ME OF 28- UJURY M 1 street, factory,	Re. PLACE OF DEATH (C Home 5 Residence c. INJURY AT WORK? YES 2 NO office  date and place, and do lon, death occured at the	26f. LOCA City of	(Specify)  RIBE HOW INJURY  TION (Street and No. 7 Town, State)  e(a) and manner a and place, and due	y OCCURED umber or Rural a stated.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Route Number,
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   ER/On 28a. DATE OF INJUR (Month, Day, Year building, etc. (S) ITSICIAN: To the best of my kno	utpetient 3 DOA Y 28b. Till IN RY — At home, ferm,	OTHER: 4 I Nursing ME OF 28- UJURY M 1 street, factory,	26. PLACE OF DEATH (C  Home 5 Residence c. INJURY AT WORK? YES 2 NO office  dete and place, and de lon, death occured at the	28f. LOCA City or to the cause	(Specify)  RIBE HOW INJURY  TION (Street and No. 7 Town, State)  e(a) and manner a and place, and due	y OCCURED umber or Rural a stated.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Route Number,
31. DATE FILED (Month, Day, Year)  32. REGISTRAN'S SIGNATURE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation investigation detarmined  2 Accident 6 Could not 1 detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	HOSPITAL: 1   Inpatient 2   ER/On 28a. DATC OF INJUR (Month, Dey, Year  28a. PLACE OF INJU building, etc. (S)  IVSICIAN: To the best of my kno INNER: On the basis of examiner	utpatient 3 DOA Y 28b. Til IN RY — At home, ferm, pocify) owledge, death occur ition and/or investiget	OTHER: 4 [ Nursing ME OF 28- UJURY M 1 street, factory, rred at the time, ion, in my opini	26. PLACE OF DEATH (C  Home 5 Residence c. INJURY AT WORK? YES 2 NO office  dete and place, and de lon, death occured at the	28f. LOCA City or to the cause	(Specify)  RIBE HOW INJURY  TION (Street and No. 7 Town, State)  e(a) and manner a and place, and due	y OCCURED umber or Rural a stated.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Route Number,
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpatient 2   ER/Or 28a. DATE OF INJUR (Month, Day, Year (Month, Day,	utpetient 3 DOA  Y 28b. Till IN  RY — At home, farm, pocify)  Death (ITEM 27) (Typ  The state of	OTHER: 4 [ Nursing ME OF 28- UJURY M 1 street, factory, rred at the time, ion, in my opini	26. PLACE OF DEATH (C  Home 5 Residence c. INJURY AT WORK? YES 2 NO office  dete and place, and de lon, death occured at the	28f. LOCA City or to the cause	(Specify)  RIBE HOW INJURY  TION (Street and No. 7 Town, State)  e(a) and manner a and place, and due	y OCCURED umber or Rural a stated.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Route Number,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	3	2	7
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retain TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.	8	pla	9
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TO THE MOSPITAL OR ATTENDING PHYSICIAN; The Ian TO THE PUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dog IMPORTANT; If Item 28 is marked, or Item 23	×	å.	20
TO THE MOSPITAL DR ATTENDING PHYSICIAN; The TO THE FUNERAL DIRECTOR: After this certificate is filled within 72 hours after death with the State IMPORTANT; If Hem 28 is marked, or Hem	10	has	3 %
TO THE HOSPITAL DR ATTENDING PHYSICIAN; TO THE FUNERAL DIRECTOR: After this certifics be filed within 72 hours after death with the St IMPORTANT; It litem 28 is marked, or it	Ē	ot :	e a a a
TO THE HOSPITAL DR ATTENDING PHYSICI, TO THE FUNERAL DIRECTOR: After this cent be filed within 72 hours after death with the IMPORTANT; If item 28 is marked, o	S	iffee	2 =
TO THE HOSPITAL OR ATTENDING PHYS TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with IMPORTANT: It item 28 is marked	100	nea.	E .
TO THE HOSPITAL OR ATTENDING PO TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death v IMPORTANT: If Item 28 Is mark	HX.	Sir.	5 6
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Donna I.

Myers, M.D.

31

	liddle, Last)	JOHN I	FAHEY (	CROOK				2. DATE OF DE MONTH MAY 25		991	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Is	•	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR (Month, Day,	Mari		8. BIRT Court	THPLACE (State or Foreign ntry)
216-20-0818		1 □X M 2 □ F	65	YRS.				Dec. 1	4,	1925		aryland
9a. FACILITY NAME (If not instit		*			9b. CITY, TOWN					9c. COU	NTY OF	DEATH
Union Memor		ospitai			Bgl	timor	e Ci	ty				
	Ob. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY LIMITS?
Maryland	Bal	timore			Baltimor	re Ci	ty				V.	1 () YES 2   NO
10e. STREET AND NUMBER					10	H. ZIP COD	-		97	10g. CITI		WHAT COUNTRY?
3401 Oakensi	naw P						218					JSA
11. MARITAL STATUS  1 Never Married 2 Married 3 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 AR OR DATES	NO	If yes, s		m, Mexica	NIC ORIGIN? (Spe an, Puerto Rican, : y:		or No-	Ble	CE — American Indian, ick, White, etc.
15. DECED (Specify only h	DENT'S EDU		16a. D	ECEDENT'S	USUAL OCCUPAT	ION		16b. KIND	OF BUS	BINESS/IND	USTRY	
Elementary/Secondary (0-12	2)	College (1-4 or 5 +		b. Do NOT u	se retired.)	OSI OF WORK	ng .					
		4 Years		Agen	t				Ins	uranc	ce	
James Roder:		nook				200		ME (First, Middle,		Sumame)		
		TOOK					Hele		<u> </u>			
Elizabeth C.	. Cro	ok			Oakensha			Baltim	ore	, Md.	. 2	
20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation	3 🗆 Rem	oval from State	20b. PLAC of cemelap	E ANO OAT	e OF DISPOSITION	N (Name		OATE	20c. LO	CATION —	City or	Town, State
4 ☐ Donation 5 ☐ Other (S 21. SIGNATURE.OF FUNERAL S		Auce	-	ot. M	ary S Ce							
James F.			9		22. NOME 1	CO COBE	22 01 64	Cal I	11-			
ognes 1	. Bur	nside, Jr	.0	1				edefeld d. Bal				
23. PART I. Enter the disc	eases, or eart fallure.	complications the List only one ceu	t caused the dise on each lin	10.	not enter the m	00 Yo	rk R	d. Bal	tim	ore,	Md.	
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23. PART I. Enter the disc shock, or hea IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentially list condition if any, leading to immedia	ns, ate	a. U. DUE TO DUE TO	t caused the dise on each line of the constant of the constan	EQUENCE C	diel 19	O YO ode of dy	rk R	d. Bal	timer reap	ore,	Md.	21212   Approximate   Interval Between   Onset and Dea
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23. PART I. Enter the disabock, or hea immediate CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ns, ate G	a.	t caused the dise on each line will be (or as a consideration of the con	EQUENCE C	650 not enter the m  dial in	O YO Ode of dy	rk R ring, suc	ABC Part I. 24e.	timer reapi	O'Ce, iratory ari	Md.	21212   Approximate interval Between Onset and Deal   1-3 km   3-3 km   3-3 km   4b. Were Autopsy Finoing AMALABLE PRIOR TO
23. PART I. Enter the disashock, or hea IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ns, ate G	a.	t caused the dise on each line on each line (OR AS A CONSI (OR AS	eduence continue cont	fiel 19 design d	O YO Ode of dy	rk R ring, suc	ABC Part I. 24e.	timer reapi	Ore, iratory arri	Md.	21212    Approximate Interval Betwee Onset and Deal   1-3 lum   3-3 lum   3-
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23. PART I. Enter the disc shock, or hea IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immediacause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent to the condition of the condi	ns, ate G	a. Due to oue to d.	t caused the dise on each line on each line (OR AS A CONSI (OR AS	eduence continue cont	finite and original in the underlyle	OO YO ode of dy Farely serve	rk R ling, suc	ABC Part I. 24e.	timer reapi	O'Ce, iratory ari	Md.	21212    Approximate Interval Betwee Onset and Deal   1-3 lum   3-3 lum   3-
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23. PART I. Enter the disashock, or hea immediate CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent  Type 2 No  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pa	ns, ate G	DUE TO  DUE TO  C.  OUE TO  C.  OUE TO  DUE TO	t caused the dise on each line on each line (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI death but not disease (OR AS A CONSI	resulting	19 Cother: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 5 Other: 5 Other: 6	O YO ode of dy Fareti	given in	Part I. 24a.	tim rreapi	AUTOPSY MMED?	Md.	21212    Approximate Interval Betwee Onset and Deal   1-3 lum   3-3 lum   3-
23. PART I. Enter the disc shock, or hea IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immediacause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent  EXAMINER?  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Part Accident  3 Sulcide 6 CC	ns, ate G	DUE TO  DUE TO  C.  OUE TO  DUE TO  DU	t caused the dise on each line on each line (OR AS A CONSI (OR AS	EDUENCE C  CALL  C	19 Cother: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 5 Other: 5 Other: 6	PLACE OF I	given in	Part I. 24a.  1 Part I. 24a.  1 Other (Specaled, OESCRIBI	timer reapi	AUTOPSY MMED?  I NO	Md.	21212    Approximate Interval Betwee Onset and Deal   1-3 lum   3-3 lum   3-

3501

St.

Paul St.

Baltimore, Md.

21218

DHMH-18 Rev 1/89

Pages 1, 2, 3 should

	1 - STATE OF MAR		RTMENT OF H		MENTAL HYGIEN		14620
	1. DECEDENT'S NAME (First, Middle, Last)	2/2 0	.)	<i>D</i>	2. DATE OF DEATH		3. TIME OF DEATH
	AACIC CI	300 8	N		3 - 2	-4-4	1 5-41Jn
		GE (in yrs. last birthday)	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	22. 50 500	YRS.	-	-	11-25		MARYLAND
~	se. FACILITY NAME (If not institution, give street and number)  LEVINDALE HEBREW HOME			OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH
2	RESIDENCE OF DECEDENT		DAL	TIMORE			
DIRECTOR	10e. STATE 10b. COUNTY	10c. CF	TY, TOWN OR LOCAT	TION		_	10d. INSIDE CITY
E	MARYLAND		BALTI	MORE			LIMITS?
	10a. STREET AND NUMBER	202	101	319959		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	6316 GREENSPRING AVE., APT.	. 301		21209			USA
3	11. MARITAL STATUS 12. WAS DECEDENT EY	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	a or No 14.	RACE - American Indien,
	1 Never Married 2 Merried FORCES? 1 XV			ecify Cuban, Mexica 2 D NO Specif	in, Puerto Rican, etc.)		Black, White, atc. Specify: WHITE
BY	3 Widowed 4 Divorced			Х			MITTE
띮	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S	work done during mo	ON ost of working	18b. KIND OF BL	SINESS/INDUS	TRY
91	Elementary/Secondary (0-12) College (1-4 or 5+)		•		EVER	HARDWA	\DF
M M	12	SA	ALES REPE	RESENTAT.	LVB	NARDWA	IKE .
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maider		
96	ZOLMAN COHEN			TOF			
2	19e. INFORMANT'S NAME (Type/Print)				Route Number, City or To		
	MRS. CAROLYN COWEN				, APT. 301		
	20a. METHOD OF DISPOSITION 1	206. PLACE AND OAT				OSEDALI	
	4 Donetion 8 Other (Specify)	HAR ZION					37 1.10
	21, SIGNATURE OF PUMERAL SERVICE LICENSEE		SOI	LEVINS	SNY & BROS,	. INC.	
	- Sour Mus		6010 I	REISTERS!	IOWN RD.	BALTO.	, MD 21215
	23. PART I/ Enter the diseases, or complications that cau	sed the death. Do	not antar tha mo	ode of dying, aud	ch as cardiac or resp	olratory arreat	
	shock of heart fallure. List only one cause of IMMEDIATE CAUSE (Final	n each line.					Onset and Death
	disesse or condition resulting in death)	MAC	CA	5336			worsta
		AS A CONSEQUENCE	OF):				
Z	Sequentially ilet conditions 6.						
E	If any, leading to immediate	AS A CONSEQUENCE	OF):				
2	cause. Enter UNDERLYING CAUSE (Disease or injury						
CERTIFICATION	that initiated events resulting in death) LAST	AS A CONSEQUENCE	OF):				
H	d						
AL	PART II. Other significant conditions contributing to dea	th but not resulting	in the underlyin	g cause given in			24b. WERE AUTOPSY FINDINGS
2					1 TES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
요							OF DEATH?
2							
A	25. WAS CASE REFERRED TO MEDICAL	1	26. P	LACE OF DEATH (C	heck only one)		1
Sic	EXAMINER?  1 YES 2 NO 1 Impatient 2 ER/	Outpatient 3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)		
PHYSICIAN: MEDICA	27, MANNER OF DEATH 280, DATE OF INJU	JRY 28b. TI	ME OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED
	1 Netural 5 Pending (Month, Day, 1/2	har)	M 1 □	ORK? YES 2 NO			
) BY	2 Accordant	JURY — At home, farm	, atreet, factory, offic	CO CO	28f. LOCATION (Street	end Number or	Rural Route Number,
TEL	4 Homicide datermined	(Specify)			City or Town, State	9)	
LE	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my I	knowledge, death occu	rred at the time, date	e end place, end du	e to the cause(e) end m	enner as stated.	
COMPLETED	one) 2 MEDICAL EXAMINER: On the basic of examin						
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c LICENSE NU	MBER	29d, DATE S	IGNED (Month, Day, Year)
BE	Al	ATTOIN	n mr	13	0951	15	-28-91
5	30 MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Ty)	De, Print)		T. T.	7	21212
	ATINCER 2	434	15 6	28 / VE	1575	Alc	Ralm
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE					

DHMH-16 Rev 1/89

	2, 3 should	
(		
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician filled in by the funeral director, page 5 should be detached for use as the burial-traion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transport of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transport of the attending physician and completely filled in by the fineral director, page 5 should be detached for use as the burial-transport of the attendance of th	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)  Character Calina Character Charact	(CELIA	A CHER	TKOFF)	2. DATE OF OEATH	AY 2/2 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  8. AGE (in yrs. in 1		NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (Stere or Foreign ntry) MARYLAND
OR	Se. FACILITY NAME (If not institution, give street end number)  Sinai HOSPital	9b.	city, town.	OR LOCATION OF DE	- 11	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT/  100. STATE 10b. COUNTY	10c. CITY, TO					10d. INSIDE CITY LIMITS?
	MID	1	BALTIM		100		1 X YES 2 NO
RAI	6508 PARK HEIGHTS AVE., APT. A		10	21215		USA	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI	RMEO	13. WAS DE		IC ORIGIN? (Specify Yes	or No.— 14. RA	CE American Indien,
B	1 Never Merried 2 Married  3 Wildowed 4 Divorced  FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp		n, Puerto Rican, etc.)	Ble	eck, White, etc.  WHITE
ETED	(Specify only highest grade completed) ((	ECEDENT'S USUA	ione during m	ON ost of working	16b, KIND OF BU	SINESS/INDUSTRY	
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	HOUSE	red.)		A	T HOME	- 1
8	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Malden	Surname)	
BE	DAVID KOLODNY			SAR		RKOW	
10		96. MAILING ADD 202 BEEC			TOUTE Number, City or Tow		
	1 - Aurial 2 Cremetion 3 Removal from State of cemetar	e ano oate of y, crematory or of AREI TE	her place)	(Name 5/30/9		ALTIMORE	
	21. SIGNATURE OF FULLERAL SERVICE LICENSEE		22, NAME A	ND ADDRESS OF FA		- 1	17 1817
	Maring - Millian		6010	RETSTERS	STOWN RD.	BALTO.	
	23 PART Penter the disesses or complications that coused the disease or condition resulting in death)  24 PART Penter the diseases or complications that coused the disease or condition resulting in death)	10.				eratory strest,	Approximate interval Between Onset and Desth
NOI	Sequentially list conditions, If any, leading to immediate	5100					
8	cause, Enter UNDERLYING CAUSE (Disease or Injury						
CERTIFICATION	that initiated events DUE TO (OR AS A CONST	EOUENCE OF):					
	PART II. Other significant conditions contributing to deeth but not	resulting in th	e underlyli	ng ceuse given in	Part I. 24s. WAS AI	N AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
MEDICAL		•			PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC					_ /	4	1 YES 2 NO
ä							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	01	26. I HER:	LACE OF DEATH (Ch	eck only one)		
tys	1 YES 2 NO 1 Nopelient 2 ER/Outpetient 27. MANNER OF DEATH 28e. DATE OF INJURY	26b. TIME OF		JURY AT	6 ☐ Other (Specify)  28d. OESCRIBE HOW	IN ILIEY OCCURED	
	1 Netural 5 Pending (Month, Day, Year)	INJURY	W	ORK7 YES 2 NO	200. OLGONIBE HOW	INGOTT COCONES	
red BY	2 Accident investigation 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At i building, etc. (Specify)	home, farm, atree	t, factory, off	CO CO	26f, LOCATION (Street City or Town, State	and Number or Rui	al Route Number,
COMPLET	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the base of axamination end/o						refet and manner to state d
8		n mveetigamon, m	- in opinion,			,	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  Jamm 2. Mousas 1	MD	_	29c, LICENSE NUI	мися	DATE SIGN	ED (Month, Dey, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Prin		HOSPI-	TAI		
	31. "Horth, Div Mar) 32. REGISTRAR'S SIGNATURE	1 4: X		Market.			

transit permit. Pages 1, 2, 3 should

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מבו יוויסוורי ווויסוורי	3 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	WPORTANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified
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5	within	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 16 field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent.
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	土	計画	POF
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FOR STATE REGISTRAR			ULI			DEATH						
1. DECEDENT'S NAME (First, Mid	ddle, Lest)				1,11		2. DATE OF	F OEATH DA	AY .	YEAR	3. TIME OF OEATH	
Willard		Thorel	- 3	icksor			May	28	199	91	2'11	
4. SOCIAL SECURITY NUMBER	1	SEX 8.	AGE (In vrs. lest b	vas.	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		Day, Ye		Count	**	
218-28-732 Se FACILITY NAME (If not institu	9		.59		ITY, TOWN A	OPPLOCATION OF O		. 26	1931 9c. COUN		ryland	
St. Joseph	s Hosp	1 . 4				wson				ltim		
10e. STATE 10b. COUNTY				10c. CITY, TOW							10d. INSIDE CITY LIMITS?	
Maryland Baltimore				Tin	oniu						1 YES 2X NO	
4 Tyburn	C+				10	ZIP CODE 210	103		10g. CITI	US	WHAT COUNTRY?	
11. MARITAL STATUS		. WAS DECEDENT E			13. WAS DEC	ENDENT OF HISPA		(Specify Yes	or No—	14. RAC	E — American Indien.	
1 Never Married 2 1 Mee 3 Widowed 4 Olvorced		FORCES? 1				ecify Cuben, Mexico 2 NO Specia		cen, etc.)		Spec	k, white, atc. White	
15. DECEDE (Specify only hig	NT'S EDUCATION OF THE PROPERTY		(Give	EDENT'S USUAL	ne during mo		16b. K	UNO OF BU	SINESS/IND	USTRY		
Elementary/Secondary (0-12)	C	College (1-4 or 5+)		o NOT use retire				Villa	Maria	a		
17. FATHER'S NAME (First, Middle	e, Last)			препи		18. MOTHER'S NA				_		
Willard Salis	bury I	Dickson				Olga	_,,		ngse	n		
194. INFORMANT'S NAME (Type/	- 11.00		19b.			and Number or Rural				,		
Eleanor C.		on		4 Tyb	urn (	Ct., Tim	onium					
20e. METHOD OF DISPOSITION 1 Description	3 - Removal	I from State	of cemetary, c	ND DATE OF D rematory or oth	er place)	I (Name	DATE		CATION —			
4 Donation 5 Dotter (Specify) Metro Crematory Catonsville, Md.												
	ERVICE PICENI	GE /	4			NO ADDRESS OF FA	ACILITY	1 0.	10113			
23. PART I. Enter the diser	Bi	ryan Cla	y y		22. NAME A Lemm Timoi	on-Mitch	nell-W arylan	iedefe	eld 093		Approximate Interval Betw	
23. PART I. Enter the disease in the condition resulting in death)	Binses, or com t failure. List	ryan Clanplications that of tonly one couse	y y	th. Do not en	22. NAME A Lemm Timor ter the mo	on-Mitch nium, Ma ode of dylng, suc	nell-W arylan ch se cerdie	iedefe d 210 nc or reap	eld 093 Iratory arr	rest,	Approximate	
23. PART I. Enter the diser shock, or hear IMMEDIATE CAUSE (Finel disease or condition	Bases, or com t failure. List	ryan Cla applications that of t only one couse  DUE TO (O)  DUE TO (O)	aused tha deal on each line.	th. Do not en	22. NAME A Lemm Timor ter the mo	on-Mitch	nell-W arylan ch se cerdie	iedefe d 210 nc or reap	eld 093 Iratory arr	rest,	Approximate Interval Betw	
23. PART I. Enter the disease or condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a, ta	ryan Cla  plications that c t only one couse  DUE TO (or  DUE TO (	R AS A CONSEQUER  A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C	IENCE OF):	Lemm Timol ter the me	on-Mitch	nell-Warylan ch as cardle	iedefe d 210 nc or reap	eld 093 Iratory arr	rest,	Approximate interval Betw Onset and Donest a	
23. PART I. Erter the disease in the condition resulting in death)  Sequentially list condition if any, leading to immediaceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a, ta	ryan Cla  plications that c t only one couse  DUE TO (or  DUE TO (	R AS A CONSEQUER  A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C	IENCE OF):	Lemm Timol ter the me	on-Mitch	nell-Warylan ch as cardle	iedefe d 21( ac or reap	eld 093 Iratory arr	rest,	Approximate interval Betw Onset and Do	
23. PART I. Enter the disease of condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant	Bisses, or correct failure. List	ryan Cla  plications that c t only one couse  DUE TO (or  DUE TO (	R AS A CONSEQUER  A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C	IENCE OF):	22. NAME A Lemm Timol ter the me	on-Mitch	nell-Warylan ch as cardio	iedefe d 21( ac or reap	eld 093 Iratory arr	rest,	Approximate interval Betw Oneet and Do	
23. PART I. Erter the diserence.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  Sunt R	Bines, or comit failure. Lies  b. c. d. conditions of the conditio	ryan Cla  plications that c t only one couse  DUE TO (O)  DUE TO (O)  Contributing to de	R AS A CONSEQUER T AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS	th. Do not en proceed to the procedure of the procedure o	22. NAME A Lemm Timol ter the me	on-Mitch nium, Ma ade of dying, such groupe given in	nell-Warylan ch as cardle	iedefe d 21( ac or reap	eld 093 Iratory arr	rest,	Approximate interval Betw Oneet and Do	
23. PART I. Enter the disease immediate sheet, hear immediate cause (Finel disease or condition resulting in death)  Sequentially list condition from the any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant for the algorithm of the algorithm of the algorithm.	Bines, or comit failure. Lies  b. c. d. conditions of the conditio	ryan Cla  plications that c t only one couse  DUE TO (or  DUE TO (	R AS A CONSEQUENT AS A CONSEQU	th. Do not en proceed to the procedure of the procedure o	22. NAME A Lemm Timol ter the me ter the me underlyln 28. P	on-Mitch	nell-Warylan ch as cardle	iedefe d 21( ac or reap	eld 093 Iratory arr	24	Approximate interval Betw Oneet and Do	
23. PART I. Enter the disease or condition resulting in death)  Sequentially list condition from the list of the l	Bines, or correct failure. List	Tyan Cla  Iplications that of t only one euse  DUE TO (O)	R AS A CONSEQUENT AS A CONSEQU	JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):	underlyin  28. P  1ER: Nursing Hor	on-Mitch nium, Ma ade of dying, such g cause given in LACE OF DEATH (C	nell-Warylan ch as cardle	iedefe d 21( ac or reap	eld 093 Iratory arr	24	Approximate interval Betw Oneet and Do	
23. PART I. Enter the disease or condition resulting in death)  Sequentially list condition from the any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant  SUBJECT ON EXAMINER?  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Per Inv. 3 Suicide 8 Con	Bines, or correct fallure. List	Pyan Cla  pplications that c t only one souse  DUE TO (O)  DUE TO (O)  DUE TO (O)  DUE TO (O)  Contributing to de  Contributin	R AS A CONSEQUENT AS A CONSEQU	JENCE OF):  JENCE	underlyin  28. P  Lem Timol  ter the me  Lem Timol  ter the me  Lem Lem Lem Lem Lem Lem Lem Lem Lem	on-Mitch nium, Ma ode of dying, such g cause given in  LACE OF DEATH (C) ne 8 Residence JURY AT ORK? YES 2 NO	Part I.	24a. WAS AN PERFOI 1 VES :	I AUTOPSY RMED?  2 NO	24l	Approximate interval Betw Oneet and Do	
23. PART I. Enter the disease or condition resulting in death)  Sequentially list condition from leading to immediacuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 20 NO  27. MANNER OF DEATH  1 Netural 5 Per MANNER OF DEATH  2 Accident 1 Invalid determined to the condition of th	BI  Bees, or corr t failure. Lie  a, te c. d. conditions of moding estigation uid not be ermined	Pyan Cla  pplications that cot only one euge  DUE TO (O)	R AS A CONSEQUENT AS A CONSEQU	JENCE OF):  JENCE	underlyin  28. P  ER: Nursing Hor  1 getory, office	g cause given in  LACE OF DEATH (C)  In 8   Residence JURY AT  YES   NO	Pert I.	24a. WAS AN PERFOI 1 VES :	I AUTOPSY RMED?  I NO  INJURY OCI	24l	Approximate interval Betw Onset and Do	
23. PART I. Enter the disease or condition resulting in death)  Sequentially list condition from leading to immediacuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 20 NO  27. MANNER OF DEATH  1 Netural 5 Per MANNER OF DEATH  2 Accident 1 Invalid determined to the condition of th	BI BBES, OF CORT I failure. Lis  b. c. d. conditions of moding petigation uid not be ermined  (INO PHYSICIA L EXAMINER: 0	Pyan Cla  pplications that cot only one euge  DUE TO (O)	R AS A CONSEQUENT AS A CONSEQU	JENCE OF):  JENCE	underlyin  28. P  ER: Nursing Hor  1 getory, office	g cause given in  LACE OF DEATH (C)  In 8   Residence JURY AT  YES   NO	Part I.	24a. WAS AN PERFOI 1 VES :	I AUTOPSY RMED?  2 NO  INJURY Octored Authors and Number of the things o	24l	Approximate Interval Betw Onset and Donest a	
23. PART I. Enter the disease or condition resulting in death)  Sequentially list condition from the any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Per Land Natural 5 Pe	BI BBES, OF CORT I failure. Lis  b. c. d. conditions of moding petigation uid not be ermined  (INO PHYSICIA L EXAMINER: 0	Pyan Cla  pplications that cot only one euge  DUE TO (O)	R AS A CONSEQUENT AS A CONSEQU	JENCE OF):  JENCE	underlyin  28. P  ER: Nursing Hor  1 getory, office	on-Mitch nium, Ma ode of dying, suc ode of dying	Part I.	24a. WAS AN PERFOI 1 VES :	I AUTOPSY RMED?  2 NO  INJURY Octored Authors and Number of the things o	24l	Approximate interval Betw Onset and Do	
23. PART I. Enter the disease or condition resulting in death)  Sequentially list condition from the any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Per Land Natural 5 Pe	BI BBES, OF CONT I failure. Lis  a, ts c. d. conditions of medical.  Hedical.  Hedical.  CINO PHYSICIA  L EXAMINER:	TYAN Cla  plications that c t only one ceuse  DUE TO (O)  DUE TO (	RAS A CONSEQUENT AS A CONSEQUE	JENCE OF):  JENCE	underlyin  28. P  ER: Nursing Hor  1 getory, office	on-Mitch nium, Ma ode of dying, suc ode of dying	Part I.	24a. WAS AN PERFOI 1 VES :	I AUTOPSY RMED?  2 NO  INJURY Octored Authors and Number of the things o	24l	Approximate interval Betw Onset and Do	

- nours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detache	in, or removal.	e medical examiner must be notified at once.
 the death certificate be executed within	the attending physician and completely fill	Ad Marital Hygana prior to bursal, cremation	y injury, or other traumatic event, the
TO THE HOSPITAL OR ATTENDING PHYSICIANI, The PHYSICIANI THE PHYSIC	TO THE FUNERAL DIRECTOR: After this certificate the marketing of the immediang process and completely filled in by the funeral director, page 5 should be detached.	be filed within 72 hours after death with the State Unit, or the limit is	IMPORTANT: If Item 28 is marked, or Item 23 togge any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYG REG.	,	1 14623
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	H DAY	3. TIME OF DEATH
	Otho Lloyd Da	vis				05	28 9	10 p.m.
1	4. SOCIAL SECURITY NUMBER	A STATE OF THE PARTY OF THE PAR	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	d nr)	6. BIRTHPLACE (State or Foreign Country)
	227 24 0849	¹ x <sup>M 2 □ F</sup> 68	YRS.	MONTHS DAYS	HOURS MIN.	09/18/1	922	Virginia
	9a. FACILITY NAME (if not institution, give a	treet and number)		9b. CITY, TOWH	OR LOCATION OF DE	ATH	9c. COUN	TY OF OEATH
OR	Rt. I, Box 147/	4		Will	ards		Wice	omico
2	RESIDENCE OF DECEDENT  10a, STATE  10b. COUNT	10c, CIT	Y, TOWH OR LOC	ATION		_	10d, INSIDE CITY	
DIRECTOR	Md Wice	omico		Willar	de			LIMITS?
ادّ	10e. STREET AND NUMBER	JiiiCO			Of, ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
H.	Rt. I, Box 147/	Δ			21874		1 1	JSA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMEO		CENOENT OF HISPAN		y Yes or No-	14. RACE — American Indian, Black, White, etc.
F	1 Never Married 2 Xerried	FORCES? 1 YES	2 NO		specify Cuban, Maxica S 2 XNO Specify		۵.)	Specify: White
Э ВУ	3 Widowed 4 Divorced	1						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during i		16b. KIND O	F BUSINESS/IND	USTRY
E.	Elementary/Secondary (0-12)	College (1-4 or 5 +)	_	,		D .,		
M	6 years 17. FATHER'S NAME (First, Middle, Last)	Years I	Carpe	nter	THE MOTHER IS NO	Buil ME (First, Middle, M		
							elden Sumame)	
B	Winford Davis  19a, INFORMANT'S NAME (Type/Print)	ž	195. MAILING	ADDRESS (Stree	Florence and Number or Rural		r Town State Zin	Code
2	Margaret Davis		13. March					sbury, Md 2180
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPO		emetery, crematory or			City or Town, Stata
	Burial 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	ioval from State	other place) Riversid	e Ceme	etery	L	ibertyt	own, Md.
	21, SIGNATURE OF JUNERIAL SERVICE LI		(IVCI SIG	22. NAME	AND ADDRESS OF FA	CILITY		outry mar
	* A trib	Buch			bage Fui			1 24244
_	23. PART I. Enter the diseases, or	complications that caused	the death Do		Williams			
	shock, or heart failure.	List only one cause on ea		1005.051007.0110.51	ione or aying, suc	in an cerciae or	respiratory arr	Interval Between
- 1	IMMEDIATE CAUSE (Final disease or condition	C - M	L	c				Onset and Death
	resulting in death)	B. DUE TO (OR AS)	CONSEQUENCE O	7,				
_	_			1700				1
CAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	NCE OF):				
8	cause, Enter UNDERLYING CAUSE (Disesse or Injury	6.						
티	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
#	Insuland in deally that	d						
ايّ	PART II. Other significant condition	ns contributing to deeth bu	it not resulting	In the underly	ing ceuse given in		AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
							RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								1 YES 2 NO
2 2						_		
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH /C/	eck only one)		
Sic	1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpe	itlant 3 🗆 DOA	OTHER: 4   Nursing H	ome 5 Raaidence	6 Other (Specify	y)	
BY PHYSICIAN: MEDI	27. MANNEY OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TII		NJURY AT WORK?	28d. DESCRIBE	IOW INJURY OC	CURED
×	1 Netural 5 Pending 2 Accident Investigation	1.000	2.5		YES 2 NO			
	3 Suicide 8 Could not be	26a. PLACE OF INJURY building, atc. (Special Control of the Contro		street, factory, of	fica	28f. LOCATION (S City or Town,		or Rural Route Number,
	4 Homicide determined							
립		BICIAN: To the best of my knowle	edge, death occur	red at the time, d	ata and place, and due	to the cause(a) an	d manner as atal	led.
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	and/or investigati	on, in my opinion	, death occured at the	time, data and ple	ca, and due to th	ne cause(a) and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIC	ER / CJ		-	29c. LICENSE NU	MBER 2	29d. DAT	E SIGNED (Month, Day, Year)
TO B		140			0233	112	نہ 🌓	129/91
٦	30, NAME AND ADDRESS OF MERSON W SOU-BIUY KIUER	SIL Medical for	CIL 27) (74)	Alisby	t and	1 518	181	/
	31, DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE MARKET	7				
	MAY - SUL ESTI	Internation -1/2						

	N E	
	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus	
after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	nedicai	
nation.	the .	
al, cren	event	
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Menta	n ury,	
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Heal	DWS	
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Dept	23	l
State	Herr	ŀ
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death	E ma	
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40	24	ı

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAY 3 T

1991

TO BE COMPLETED BY FUNE

				91 14	624
1 - FOR STATE REGISTRAR		DEPARTMENT OF HEALT RTIFICATE OF DEA	H AND MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Y Dixo	N	2. DATE OF DEATH MONTH DAY	3. TIME OF	DEATH DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last I	birthday) IF UNDER 1 YEAR IF UNDER 1 YEAR HOURS	DER 24 HRS. 7. DATE OF BIRTH	3 8. BIRTHPLACE (Stein Country) Mary	1
90. FACILITY NAME (If not institution, give str	ROSSVILLE	9b. CITY, TOWN OR LOCA		9c. COUNTY OF DEATH	
RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY	TOOO VIIIV	10c. CITY, TOWN OR LOCATION		10d, INSIDE	E CITY
10e. STREET AND NUMBER	2 Himore	ESSEX 101, 21P CC		LIMITS  1 YES  10g. CITIZEN OF WHAT COUNT	2 NO
521 Gloyce			21230	USA	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES		T DF HISPANIC ORIGIN? (Specify Yee or iben, Mexican, Puerto Rican, etc.) IO Specify:	r No— 14. RACE — America Black, White, etc. Specify:	n Indian,
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (Give	EDENT'S USUAL OCCUPATION  Is kind of work done during most of woo  NOT use retired.)  CLN VUS CV	rking 16b. KIND OF BUSH	HOCKER LA	
17. FATHER'S NAME (First, Middle, Last)	Mathews	18. M	OTHER'S NAME (First, Middle, Meiden-St QUINA St	mulen	
190. INEORMANT'S NAME (Type/Fint)	Adams 196.	MAILING ADDRESS (Street and Num.	per or Aural Acute Number, City or Town CESTET CT. E	State, Zip Coole)	1230.
20a M57HOD OF DISPOSITION Burial 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	val from State 20b. PLACE O other place		rematory or 20c. Loc	ATION - City or Town, Stata	
21. SIGNATURE OF FUNERAL SERVICE LICE	Dan	22. NAME AND ADD	RESS OF FACILITY	Char. A.	0 2.2.
23. PART I. Enfortha diseases, or co	omplications that caused the das	th. Do not anter the mode of	dying, such sa cardisc or respire	itory smest, Appr	roximate
shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition	List only one cause on each line.	$\cap$	la diser	Inter	rvai Between et and Death
resulting in death)	DUE TO (OR AS A CONSEDU				
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQU	UENCE OF):			
CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQU	JENCE OF):			
PART II. Other significant conditions	contributing to death but not re	aulting in the undarlying caus	e given in Part I. 24a. WAS AN A		
Idene	-tra	7. 4	PERFORM	COMPLETIO	ON OF CAUSE
- Cma	me un	noy vac	Infect	1 🗆 YES	2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OWER:	F DEATH (Check only one)		
1 YES 2 NO 27 MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 3 28s. DATE OF INJURY	26b. TIME OF 28c. INJURY AT	Rasidence 6 Other (Specify)  28d. DESCRIBE HOW IN.	JURY OCCURED	
1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY WORK?			
3 Suicide 6 Could not be determined	26e. PŁACE OF INJURY — At hom building, atc. (Specify)	ne, farm, street, factory, office	261. LOCATION (Street an City or Town, State)	d Number or Rural Route Numbe	r,
anal and	CIAN: To the best of my knowledge, dear				er as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	1 Bel mo	296.1	ICENSE NUMBER	29d. DATE SIGNED (Month, Day	( Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OEATH (ITEM	27) (Type, Print)			

182 REGISTRATE SIGNAMORE FUND DEWILDON-Nondall

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PRYSICAN THE COUNTY STATE THE death certificate be exec TO THE FUNERAL DIRECTOR: After this own care has been smed by the attending physician and be filed within 72 hours after death with the state of the county of the state of the prior to be improved with the state of the	pares that the death certificate be exe	signed by the attending physician an	reulth and Mental Hygiene prior to b	fees any injury, or other traumal
To the hospital or attending physic the foundation of the property of the prop	SIGNIFIER	our ficitle has been	III Star Oliv. o	of itom
TO THE HOSPITAL TO THE FUNERAL IS SEE filed within 72 h	3	52	5	9
4 4 20 100	DR ATTENDING PE	DIRECTOR: After th	ours after death wi	tem 28 is mark

	1 - STATE REGISTRAR	STATE OF N	/ MARYLAND /		ICATE					IYGIENI REG. NO.			14625
	1. DECEOENT'S NAME (First, Middle, Last) PFARL LOU	TCS	0,00						2. DATE OF	DEATH DA	Y 100 YE	EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF I	BIRTH	1771	BIRTHPLA	ACE (State or Foreign
	218-34-5838	1 🗆 M 2 🕡 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar.			Country) Vir	rginia
~	Se. FACILITY NAME (If not institution, give a		- 11.00	-0.				ON OF DE			9c. COUNTY	1	
5	SHADY GROVE PRESIDENCE OF DECEDENT	4 DUENTES	T HOSPH	AL	Ko	CKU	1//-	<u>e</u>			11101	1750	Men
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	nant							d. INSIDE CITY LIMITS?
0	Maryland Mongomery  10a. STREET AND NUMBER				deri		ZIP CODE				10g. CITIZEN		YES 2 1 NO
FUNERAL	2006 Frederick	Road,						208	74		USA		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Number 4 Divorced		T EVER IN U.S. ARN YES 2 NO			If yes, spe	city Cube		IC ORIGIN? (S		or No— 14.	RACE — Black, W Specify:	American Indian, Thita, etc. White
	15. DECEDENT'S EDU (Specify only highest grade		(Gh	re kind of	USUAL O	CCUPATIO	N st of workin	g	16b. KII	ND OF BUS	SINESS/INDUS	TRY	
PLE.	Elementary/Secondary (0-12)	College (1-4 or 6	+)		se retired.) make:	<b>20</b>				Iome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 -	TOME	mane.	I.	18. MOT	HER'S NAM	ME (First, Midd		Surname)		
BE C	James Meredith						В	essi	e Ferg	uson			
0	19a. INFORMANT'S NAME (Type/Print)  Alma Sue Fulk		19b							-	n, State, Zip Co		
	26g METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rem		20b. PLACE (	OF DISPO	SITION (No	me of cen	netery, cren	afory or	ederic		. 2170 CATION — City		State
	1 12 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State	other pla	Park	lawn	Cem	eter	y		Ro	ckvill	.e,Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LI		. )					SS OF FAC			al Hom		
	mury!	V. Barl	ar .			P. 0	Bo:	× 50	38 La	yton	sville	,Md.	20882
	23. PART I. Enter the diseases, or shock, or heart failure.			ath. Do	not antar	tha mo	da of dy	ing, auch	aa cardlad	or respi	ratory arrest	i.	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. Liver	Failure	,									Onset and Death
	resulting in deeth)	DUE TO	(OR AS A CONSEC	UENCE C	F):								Z MONTG)
ON	Sequentially list conditions,	b. Sept	OR AS A CONSEC	UENCE C	IF);								Z MONTG
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	· MESPI	USA IVILLON FALLINE OUE TO (OR AS A CONSEQUENCE OF):								Smorths		
E	that initiated events resulting in death) LAST	ou <u>l</u> E to	(OR AS A CONSEC	WENCE C	IF):								
CE		d											+
ICAL	PART II. Other significant condition		death but not re	esuiting	In the u	nderlyln	g cause	given in		e. WAS AN PERFOR	RMED?	AV	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	Olastica C		Obstruc	Linn					-   1	YES 2	NO	OF	F DEATH?
	hupo tra	William	7-03 (1-0	110					_			''	_ TES 2 _ NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ock only one)				
IVSI	1 TYES 2 NO 27. MANNER OF DEATH		ER/Outpatient 3	DOA 28b. TII	4 🗆 Nu	raing Hom		esidence	8 Other (S		NJURY OCCUP	750	
P	1 Natural 5 Pending	(Month, I	Day, Year)		JURY		PRK?	] NO	Zea. DEŞCH	IBE NOW	NJOHY OCCUP	120	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	OF INJURY — At hor, etc. (Specify)	me, farm,	atreet, fac	tory, offic	•			ON (Street lown, State)	and Number or	Rural Rout	te Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN												nd manner as stated.
BE C	296. SIGNATURE AND TITLE OF CENTRE	100 /	15				29c. UC	ENSE NUN	IMBER 29d. DATE SIGNED			IGNED (M	Ionth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Typ	Print)	Λ	1/	n	/\		, ,	11 -1	171
	31. DATE FILED (Month, Day, Year)	132. REGISTE	AR'S SIGNATURE	ne	lical	1'h	10	//	Silve	er C	ppuy	14	209112
	MAY 31 1991 4	his Deviden	ACTION							/	V		

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

THURMAN N. FLOYD

1 -

	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthday	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or For Country)
	213-70-0610	1 M 2 🗆 F	33 YRS.			9-22-57	10.000	MD.
۳ ا	9a. FACILITY NAME (If not institution, give s			96. COUNTY, TOWN OF LOCATION OF DEATH 96. COUNTY BALTIMORE, MD.				TY OF DEATH
DIRECTOR	1116 N. STRICKE					•		Total Service
	MD .	Y		ALTIMOR	RE, CITY		16.0	10d. INSIDE CITY LIMITS? YES 2
FUNERAL	100. STREET AND NUMBER 1116 N.STRICKER	ST.			101. ZIP CODE 21217		10g. CITIZ	EN OF WHAT COUNTRY? USA
BY FUN	112 MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDE FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yes	DECENDENT OF HISPA , specify Cuben, Mexico YES 2X NO Specific		es or No—	14. RACE — American India Black, White, etc. Specify: BLACK
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT	S USUAL OCCUP f work done during use retired.)	most of working	16b. KIND OF B	USINESS/INDU	
COMPL	17. FATHER'S NAME (First, Middle, Last)		ICOURTER	_MEDICA		AME (First, Middle, Maide	n Sumame)	
BE	JAVIES FLOYD				DORA	MAE GILL	ESPIE	
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or R		
	DORA MAF FI OV  20a, METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Rem		20b, PLACE AND DA		RICKER ST.		0. 212 ocation – c	Ity or Town, State
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	WESTERN			5/31/9AT		
ļ	21. SIONATURE OF FUNERAL SERVICE LI	CENSEE	$\gamma$	87MAN	AND BROWN C	OMMUNITY		
	23. PART I. Entar tha diseeses, or	now	n)	_	06 W. NORT			
CERTIFICATION	Sequentisity liat conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	a. H.	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	OF):	drome			10 m
MEDICAL CI	PART II. Other significant condition	ne contributing t	o death but not resultin	g in the under	lying cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?
CIAN: N								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;		OTHER:	8. PLACE OF DEATH (C			
PHYSIC	1 - YES 2 - NO  27. MANNER OF-BEATH  1 - Maturel 5 - Pending	28a. DATE (		TIME OF 28c	Home 5 Mesidence INJURY AT WORK?  YES 2 NO	6 ☐ Other (Specify)  28d, DE\$CRIBE HOV	Y INJURY OCC	TYRED
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE buildin	OF INJURY — At home, farr g, etc. (Specify)	n, atreet, factory,	office	281. LOCATION (Stree City or Town, Sta	et end Number te)	or Rural Route Number,
COMPLET	29s. CENT EN CONTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner as stated.							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON W	XMU	Letter &	UL)	DZ8	625	<b>▶</b> €	SIGNED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	32. REGIST	TRICK M	Δ.	3100 St	Paul St	Ba	Stimure NI
	MAY 3 1 1991	Freka De	widow-Probable					DHAM.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE PICTURE OF DEATH REG. NO.

2. DATE OF DEATH MONTH 5

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DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last,	)			CATE OF		2. DATE OF MONTH	DEATH DAY	YEA	3. TIME OF DEA	тн	
ľ	DOROTHY	н.			FISCHER	R	05	29	1991		A	
	4. SOCIAL SECURITY NUMBER 134-20-5530	5. SEX	6. AGE (In yrs. 64	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Do MAY	BIRTH By, Year) 5, 1927	Co	RTHPLACE (State or Fountry) ARYLAND	oreign	
	Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF D			COUNTY C			
5												
Dine	10a. STATE 10b. COUN MARYLAND	TY		10c. CITY	BALTIMO					10d. INSIDE CIT LIMITS? 1XXYES 2		
LINAL	100. STREET AND NUMBER 3410 RAMONA AVEN	NUE			10	M. ZIP CODE 21213		10g.		S. A.		
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED ARMED	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico 8 2 NO Specia	an, Puarto Rica		D→ 14. R	ACE — American Ind Black, White, atc.	len,	
2120	15. DECEDENT'S ED (Specify only highest grad	de completed)	775		USUAL OCCUPATI rork done during m		16b. KI	ND OF BUSINES	S/INDUSTR	RY		
3 (	Elementary/Secondary (0-12) NA	College (1-4 or 5 - NA	•)	NURSE	,		F	HOSPITAL	L			
TWO I	17. FATHER'S NAME (First, Middle, Last) CLARENCE K. TAND	NER X				16. MOTHER'S NA	- 1		me)		Ī	
	194. INFORMANT'S NAME (Type/Print) WILLIAM FISCHER	(HUSBAND)			The second second	and Number or Rural						
	20a METHOD OF DISPOSITION	moval from Stata		CE AND DATE	OF DISPOSITION	N (Name	DATE	20c. LOCATIO	H — City o	or Town, State		
	AN Burial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF FIREPAR SEPVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  SCHIMUNEK FUNERAL HOMES, INC.  3331 BREHMS LANE, BALTIMORE, MD. 21213											
	23. PART I. Enter the disease, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition	. Liet only one cau	use on each I	line.	3331 ot enter the m	BREHMS ode of dying, au	LANE,	BALTIMO c or respirator	RE, M		Betw	
IFICALION	shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. ACTRU  DUE TO  b	use on each I	ISEQUENCE OF	3331 cot enter the m CARPO	BREHMS ode of dying, au	LANE,	BALTIMO c or respirator	RE, M	D. 21213 Approximately	Betw	
EDICAL C	shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	USE ON EECH TO SCLEKE OF AS A CON OF OR AS A CON OF OR AS A CON	ISEQUENCE OF	3331 CARD	BREHMS I	LANE, ich as cardle	BALTIMO c or respirator	ORE, M. Ty arrest,  OPSY 7	D. 21213 Approximately	FINDI TO CAUS	
MEDICAL C	ahock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions	b	USE ON EECH TO SCLEKE OF AS A CON OF OR AS A CON OF OR AS A CON	ISEQUENCE OF	3331 CARDO	BREHMS I	Part I. 2	BALTIMO C or respirator (SCA-SC	ORE, M. Ty arrest,  OPSY 7	D. 21213 Approximate Approximate Approximate Properties Approximate	FINDI TO CAUS	
AN: MEDICAL C	ahock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO  c. DUE TO  d. HOSPITAL:	USE ON BEACH	Ine.  SEQUENCE OF	3331 CARDO F):  The content of the manual co	DESCUL  OUASCUL  OUASCUL  OUASCUL  DE COMBONICATION DE CO	Part I. 2	BALTIMO C or respirator (SCA-SC La. WAS AN AUTO PERFORMED UYES 2	ORE, M. Ty arrest,  OPSY 7	D. 21213 Approximate Approximate Approximate Properties Approximate	d De	
PHTSICIAN: MEDICAL C	ahock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 19 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	b. DUE TO  b. DUE TO  c. DUE TO  d	USE ON EER/Outpatien	ISEQUENCE OF	3331  CARD  (F):  (C):	BREHMS I ode of dying, aud O VASCUU	Part I. 2	BALTIMO C or respirator (SCA-SC La. WAS AN AUTO PERFORMED UYES 2	ORE, M. Ty arrest,  OPSY 7	D. 21213 Approximate Approxima	FINDI TO CAUS	
LED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 \( \square\$ NO 27. MANNER OF DEATH	b. DUE TO  b. DUE TO  c. DUE TO  d. One contributing to  HOSPITAL: 1   Inpetient 2   28a. DATE Of (Month, (Inc.))	OSCLER OSCLER OGRAS A CON	ISEQUENCE OF	3331  CARD  (F):  (C):	DREHMS  OUASCUL  OUAS	heck only one)  6 □ Other (S  286, LOCATI	BALTIMO C or respirator  (SCA-S)  La. WAS AN AUTO PERFORMED  YES 2 N	OPSY 7	D. 21213 Approximate Approxima	FINDI TO CAU	
PLETED BY PHYSICIAN: MEDICAL C	ahock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Netural 6 Could not b determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHY	b. DUE TO  b. DUE TO  c. DUE TO  d. One contributing to  HOSPITAL: 1   Inpetient 2   28a. DATE Of (Month, (Inc.))	JSC ON ENDORS A CON OR AS A CO	Iseouence of seouence of seoue	3331  cot enter the m  CARD  F):  The second of the second	BREHMS I ode of dying, aud ode of dying, aud of dying, aud of dying, aud of discovery and course given in place of Death (Courself) Residence in the place of Death (Courself) Residence in the place of	Part I. 2  heck only one)  Clay or  28d. DESCR	BALTIMO C or respirator  (SCA SE  La. WAS AN AUTO PERFORMED PERFORMED VES 2 N  Specify)  Specify)  ON (Street and Nilown, State)	DPSY ? 40	21213 Approximate	FINDI R TO CAU	
BE COMPLETED BY PHYSICIAN: MEDICAL C	ahock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending 1 Investigation 3 Suicide 6 Could not b 4 Homicide 6 Could not b 4 Homicide 6 Could not b 4 Check only 0ne) 2 MEDICAL EXAMI	B. Liet only one cat  a. ARTERIA  DUE TO  b. DUE TO  c. DUE TO  d	JSE ON EER/OUTPATION  GOR AS A CON  GOR AS A	Iseouence of seouence of seoue	3331  ot enter the m  CARD  The street is the street of the street is the street of the street is the street of the street is th	BREHMS I ode of dying, aud ode of dying, aud of dying, aud of dying, aud of discovery and course given in place of Death (Courself) Residence in the place of Death (Courself) Residence in the place of	heck only one)  28d. DESCF  28f. LOCATI City or  as to the cause e time, data ar	BALTIMO C or respirator  (SCAPS)  Ra. WAS AN AUTO PERFORMED  YES 2  N  Specify)  INDEE HOW INJUR  ON (Street and M.  Town, State)  (a) and manner and place, and due	OPSY 7 HO OCCURE	21213 Approximate	FINDIO CALL	
E COMPLETED BY PHISICIAN: MEDICAL C	ahock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 19 YeS 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 6 Could not b 4 Homicide 6 Could not b 4 Homicide 6 Could not b 4 Memicide 7 CERTIFIER (Check only one) 2 MEDICAL EXAMI  29b. SIGNÂTURE AND TITLE OF ICERTIF	DUE TO  b. DUE TO  c. DUE TO  d. DUE TO  d. DUE TO  28a. DATE  1   Inpatient 2    28a. DATE  28a. D	SCLER OSCLER OGRAS A CON OGRAS	Ine.  ISEQUENCE OF SEQUENCE OF	3331  ot enter the m  CARD  ():  ::  ::  ::  ::  ::  ::  ::  ::  :	DREHMS  OURSCUL  OURS	DANE,  Ch as cardial  Part I. 2  1  Pert I. 2  1  Deck only one)  6 □ Other (S  28d. DESCP  28f. LOCATI City or  as to the cause  e time, data ar	BALTIMO C or respirator  (SCA)  (SCA)  (SCA)  (SCA)  (A)  (A)  (A)  (A)  (B)  (B)  (B)  (	OPSY 7 NO COURSE STATE OF THE STATE	24b. WERE AUTOPSY AMPLIABLE PRIOR OF DEATH?  1 YES 2   24b. WERE AUTOPSY AMPLIABLE PRIOR OF DEATH?  1 YES 2   300  301  302  303  304  305  306  307  308  308  308  308  308  308  308	FINDS TO CAL	

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	HOURS	d in	He
J	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4- wours after death. Page 6 may be retained by the hospital end	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the flud within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	The k	te ha	m 2
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FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEPARTM CERTIFIC	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	14628						
1. DECEPPRIT'S NAME (First, I	4 tooks	nee Fo	rel	2. DATE OF DEATH MONTH DAY 5 25	YEAR 91 3. TIME OF DEATH						
4. SOCIAL SECURITY NUMBE  231-22 -1  90. FACILITY NAME (If not inst	1733 1 - M 2 XF	74 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHE DAYS HOURS MIN. CCITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Morith, Day, Year)  L-G/Y  EATH, 9c. COU	a. BIRTHPLACE (State or Foreign Country)  NTY OF DEATH						
Jaseph R RESIDENCE OF DECI 10a. STATE HD.		ioe I	Bak.	40.	10d, INSIDE CITY						
HD.  10e. STREET AND NUMBER	Balto.	106. 65, 7, 1	10, JP CODE	10g. CIT	1 ☐ YES 2 ☑ NO						
10e. STREET AND NUMBER  11. MARITAL STATUS  1 Neyer Married 2 A	FOROCOO 4	EVER IN U.S. ARMED  YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic	NIC ORIGIN? (Specify Yee or No—	USA  14. RACE — American Indian, Black, White, etc.						
3 Widowed 4 Divorce	I IF YES, GIVE W	460 DECEDENT'S HE	1 TYES 2 TO Special VAL OCCUPATION	16b. KIND OF BUSINESS/IN	Specify: Black DUSTRY						
Elementary/ (0-	12) College (1-4 or 5 +		done during most of working stired.)								
194 INFORMANT'S NAME (To		19b. MAILING AD	DRESS (Street and Number or Rura.		bell						
200. METHOD OF DISPOSITIO	M Phellon State	20s. PLACE OF DISPOSITI	OM (Name of University Commetory or	20c. LOCATION -	- City of Town, State						
4 Donetton 5 S Other (	(Specify)	150	22. NAME AND ADDRESS OF F	Cem- 1800 PACILITY F/ 16	39 M.						
	al  a. Meta		enter the mode of dying, su	ch as cardac or respiratory e	rrest, Approximete Interval Batween Onset and Death						
if any, leading to immed cause. Enter UNDERLYII	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
that initiated events	CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
	nt conditiona contributing to	deeth but not resulting in	the underlying ceuse given i	n Part I. 24e. WAS AN AUTOPS' PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY FINOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO						
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: OTHER:										
25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	1 □ Inpatient 2 □ 28a. DATE OF	INJURY 28b. TIME (		6 G Other (Specify)  28d, DESCRIBE HOW INJURY O	CCURED						
1 Natural 5 Pending Investigation 2 Accident Suicide 6 Could not be determined determined 1 Homicide 1 Homicid											
const. Orny	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										
296. SIGNATURE AND TITLE	ie B. He	islee M	Do 50 55 ≥ 5-25-91								
		SE OF DEATH (ITEM 27) (Type P	riet)								
30. NAME AND ADDRESS OF A lice He 31. DATE FILED (Month, Day,	r person who completed cause (Ster M.D. )		rter Center E	30 w. Fayett	e St. Balt M212						

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1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND / DEPAR CERTIF	RTMENT OF I			GIENE 9	1 14629			
1. DECEDENT'S NAME (First,	Middle, Last)				2. DATE OF DE		3. TIME OF DEATH			
John	4	li.	Fre	v. dr.	MONTH 5	30 19	Q1			
4. SOCIAL SECURITY NUME		6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH 8.	BIRTHPLACE (State or Foreign			
ort 40 000	1. M 2 □ F		MONTHS DAYS	HOURS MIN.	(Month, Day, 1		Country)			
254-03-7874		83. YAS.			8/28/		Georgia			
			Midd	le: Ri	Vor	9c. COUNTY	timore.			
RESIDENCE OF DEC	10b. COUNTY	10c CI	TY, TOWN OR LOCA	NON			10d. INSIDE CITY			
Maryland	Baltimore		Midd	le R	iver		LIMITS?			
10e. STREET AND NUMBER  207 Warrol  11. MARITAL STATUS	er Read		10	21 220		120	OF WHAT COUNTRY?			
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED		ENDENT OF HISPAN			RACE — American Indian, Black, White, atc.			
3 Widowed 4 Divo	IF YES, GIVE W			2 NO Specify			Specify: White			
(Specify onl	EDENT'S EDUCATION y highest grade completed)	(Give kind of	Work done during made retired.)	ON ast of working	16b. KIND	OF BUSINESS/INDUS	TRY			
12 Tears	0-12) College (1-4 or 5 +	17.3	der			Martin	Cor			
17. FATHER'S NAME (First, M	liddle, Last)			18. MOTHER'S NA	ME (First, Middle,					
John	a.	Frey	Sr	Amand	<b>a</b> ).	Mor	ris			
190. INFORMANT'S NAME (1	Sype/Print)	19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, City	or Town, State, Zip Co	ode)			
Grace	Frey	207	Wampler	Road Mid	dle Riv	er. Maryl	and 21220			
20a METHOD OF DISPOSIT	ION	20b. PLACE AND DAT		(Name	DATE	ec. LOCATION - CH	or Town, State			
4 Donation 5 Other		Bel Air M	emorial	Gardens:	6/1/91	Bel Air	Marryland			
21. SIGNATURE OF FUNERA	L SERVICE LICENSEE	1		NO ADDRESS OF FA						
1	Such	= 6	Bruz	dzinski.	Funeral	Home P.A	Md. 21221			
23. PART I Enter tha d ahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	iseases, or complications that eart failure. List only one cau hel	t caused the death. Do se on each line.		ode of dying, suc	h as cardiac o	reapiratory arres	t, Approximate Interval Betwee Onset and Deat			
	DUE TO	(OR AS A CONSEQUENCE (	OF):							
Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate	(OR AS A CONSEQUENCE (	OF):							
that initiated events	CAUSE (Disease or injury that initiated events resulting in death) LAST									
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	RONDRY					NAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDING: MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
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25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL HOSPITAL:		OTHER:	LACE OF DEATH (C)						
1 TYES 2 NO		☐ ER/Outpatient 3 ☐ DOA	4 - Nursing Ho	ne 5 Residence		**	K II.			
27. MANNER OF BEATH  1 Natural 5	Pending Investigation		ME OF HJURY W M 1	HOW INJURY OCCU	RED					
2 Accident 3 Suicide 6 4 Homicide	28e. PLACE O	PF INJURY — At home, farm, etc. (Specify)	At home, farm, street, factory, office  261. LOCATION (Street and Number or Flural Route No. City or Town, State)							
(Critical Dring	TIFYING PHYSICIAN: To the best of e									
29b. SIGNATURE AND TITLE	E OF CERTIFIER	*		29c. LICENSE NU	MBER LG 7	29d. DATE 8	BIGNED (Month, Day, Year)			
CIUVIN	F PERSON WHO COMPLETED CAN			ا اندا	0/2	- 1 - 3	70171			
31. DATE FILED (Month, Day,	15 A-LLARD		SALTI	MORE	IND -	2/2	20			
	991 Julia David	AR'S SIGNATURE								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215, 0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoursand providen.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention of physician and completely filled in by the funeral director, page 5 should be detacted to the funeral funeral permit. Pages 1, 2, 3 should be detacted to the funeral detaction of the funeral function of the funeral function of the func	
be lifed whithin it should after breath with the Sale book, or items 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 05 KENNETH LESTER GEORGE 1991 A. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 04-21-1926 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYE HOURS MIN. 212-20-8667 1XXM 2 | F Kentucky 65 9a. FACILITY NAME (If not institution, give atreet and number) 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR Fallston General Hospital Fallston Harford RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Pennsylvania 1 TYES 2 NO Delta 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 17314 USA R.D. 3, Box 247 E 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried if yes, specify Cuban, Mexican, Pu 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) GED Supervisor Manufacturing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Myrtle Viers Elmer George BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
R.D.3, BOX 247 E, Delta, PA 17314 19a. INFORMANT'S NAME (Type/Print) 2 Civiline A. George 20a METHOD OF DISPOSITION

10 Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State Gardens of Faith Cem. 5/30 Baltimore, 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, 7922 Wise Avenue, Baltimore, MD 23-PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate interval Between ahock, or heert failure. List only one ceuse on each line. **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PHYSICIAN: MEDICAL 1 TYES 2 NO 1 TES 2 1 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO ng Home 6 Residence 6 🗆 Other (Specify) nt 2 ER/Outputient 3 DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kine occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On th 29b. SIGNATURE AND TURE OF CENTURE 29c. LICENSE NUMBER BE 9 130 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 31 1991 la Davidson

3. TIME OF DEATH

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BALTIMORE, M.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

9 must examiner medicai the event. traumatic other 1 6 injury, shows any t, of h After this certificate has bee death with the State Dept. of marked, or Nem 23 st this c After 1 death .00 FUNERAL DIRECTOR: within 72 hours after 28 TO THE HOSPITAL OR ATTI TO THE FUNERAL DIRECTO be filed within 72 hours aff IMPORTANT: If Item 21

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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2. OATE OF OEATH DAY Gwynn headore Am 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 10281929 2-6 64 95 DAYS 1 M 2 | F Balfimore. 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore Md. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO IDS STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4804 HADDON AVENUE 21207 U.S. OF A. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TYES 2 NO BLACK 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complex) 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 0-12 1 YEARS FURNITURE Entrepreneur 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname BENJAMIN BLAINE GWYNN MARY MAGDALENE COHEN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. ELEANOR J. GWYNN 4804 HADDON AVENUE BALTIMORE, MARYLAND 21207 20a. METHOD OF DISPOSITION

1 # Buriel 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE BALTO 4 Donation 5 Other (Specify) ARBUTUS MEMORIAL PARK BALTIMORE MARYLAND 6/3/91 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEWIS T. GWYNN FUNERAL HOME 21215-6393 23. PART I. Enter the diseases, or complications that saused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final DUE TO (OR AS A CONSEQUENCE OF): (Ventricular fibribation)

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DUE TO (OR AS A CONSEQUENCE OF): Onset end Death disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 1 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: patient 2 - ER/Outpatient 3 - DOA 4 🗆 Nun ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED INJURY 1 Netural 5 Pending M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER

Thank ask 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of e m. In my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER chief residen 29d. DATE SIGNED (Month, Day, Year)

5/29/9/ Dept. of Cardiothoracic . University Surg 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Davidson-Randalle

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BALTIMORE, MARYLAND AT

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. id	ast birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. 7.			7. DAT	E OF BIRTH			PLACE (State or Foreign
192-32-94		1 🗆 M 2 🍱 F	48	YRS.	MONTHS	DAYS	B HOURS MIN. (Month, Dey, Year)					nesboro, P
9a, FACILITY NAME (If not institu							OR LOCATION OF				NTY OF DE	
Washing to		o.Hosp	•		H	age	rstown	1		Was	shin	gton
10a. STATE 10	b. COUNT	-			TY, TOWN O							10d. INSIDE CITY LIMITS?
Penna. Franklin					Merc	ers	burg, I	a.				1 YES 2 NO
100. STREET AND NUMBER	2527 Ft. Loudon Rd.					101	17236			10g. CIT		HAT COUNTRY?
11. MARITAL STATUS	30 40		NT EVER IN U.S. A	DMED	12.1	Me Dec	ENDENT OF HIS		CIAPS (Consider V			- American Indian,
1 Never Married 2 Mar 3 Wildowed 4 Divorced		FORCES?	1 YES 2 X		H	f yes, sp	ecify Cuban, Mer 2 NO Sp	dcan, Puerl		1 0 NO -	Black,	White oic.
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Elementary/Secondary (0-12)	-	College (1-4 or 5	(+)	lerk	ise retired.)	TOTAL TITLE	ost of working		Drug S	Store		
17. FATNER'S NAME (First, Middle	l aati					-	16 MOTHER'S		t, Middle, Maide			
		Grove					SAME TO SERVE		ine Ro		nd	
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Thomas C.	lift	Jr.		2527	7 Ft	.Lo	udon F	ld.,1				a.17236
20a METHOD OF DISPOSITION 1 ABurial 2 Cremation 4 Donation 5 Other (Sp		noval from State	20b. PLAC of cometar F8	e and dat ry. cremator	or other p	lac Ce	m.	5/2	Men		bur	g,Pa.
21. SIGNATURE OF FUNERAL	A	CENSEE	),		22.1	NAME A	D ADDRESS OF	AVA	Lining	er-F	rie	F. Home
	ses, or t fallure.	complications th List only one ca	at csused the cause on each lin	leath. Do	not enter							Approximate Interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he study within 72 hours after down with the State Dent, of Health and Mental Houlene order to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM			MENTAL	HYGIEN REG. NO.	E	1 1	4633
1. DECEDENT'S NAME (First, Middle, Last)  JAMES RUSSELL GR					2. DATE O MONTH			EAR	WE OF DEATH
	6. AGE (In yrs. In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		F BIRTN Day, Year)	2.1	BIRTNPLACE Country) VI	RGINIA
9a. FACILITY NAME (If not institution, give stree 2011 OAK DRIVE RESIDENCE OF DECEDENT	et and number)		CITY, TOWN O	R LOCATION OF DE	ATH		9c. COUNTY	OF DEATN	IORE
10a. STATE 10b. COUNTY	ALTIMORE		IMORE	ON					INSIDE CITY LIMITS? YES 2\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{
100. STREET AND NUMBER 2011 OAK DRIVE	71.		101.	21207			U.S.		COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AI FORCES? 1 ∑ YES 2 ☐ IF YES, GIVE WAR OR DATES		If yee, spe	ENDENT OF NISPAN ecity Cuben, Mexice 2X NO Specify	n, Puarto Ri		or No- 14.	Black, White Specify:	nerican Indian, le, atc. WHITE
	TION 16a. DI (C) Impleted) (N) College (1-4 or 5 +)	ECEDENT'S USU Give kind of work a. Do NOT use ret	done during mos ired.)	N It of working			TURING	TRY	
12TH GRADE  17. FATHER'S NAME (First, Middle, Last)  SAMUEL JACK GRAHAM		ORVITO	KE FIAN	16. MOTHER'S NA DORA MI	ME (First, Mi				
19a. INFORMANT'S NAME (Type/Print) JUDY E. CRANE	1			RCLE, BL				4605	
20s. METNOD OF DISPOSITION 1 № Burlai 2 Cremation 3 Removi 4 № 3000 Removi 21. SIGNATURE OF FUNERAL SERVICE LICEN	al from State other p	lace)	E MEMOR	RTAL PARI D ADDRESS OF FA	CILITY	EL	cation — chy KRIDGE C .		inte
23. PART I. Enter the disease, or con ahock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the determinant only one cause on each illn ARTHR 1 6 SC DUE TO (OR AS A CONSE	<b>e.</b>		ARCI &					Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSE								
that initiated events resulting in death) LAST	DOE TO (OH AS A COMBE	OUENCE OF):						İ	
PART II. Other algnificant conditions	contributing to death but not	resulting in t	ha undariying	g cause given in		24a. WAS AN PERFOI 1 YES 2	RMED?	OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE WEATH? YES 2 NO
	HOSPITAL:		THER:	ACE OF DEATN (Ch					
1   Inpetient 2   ER/Outpetient 3   DOA 4   Nursing Nome 8   Residence 8   Other (Specify)  27. MANNER OF DEATH  1   Netural 5   Pending Investigation									
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At h building, etc. (Specify)				City o	r Town, State,			Number,
MEDICAL EXAMINER:	AN: To the best of my knowledge, d On the basis of examination and/or								manner as stated.
296. SIGNATURA AND TITLE OF CERTIFIER	bush	~ (	ser)	29c. LICENSE NU	MBER 7 /		29d. DATE S	128	th, Dey, Year)

DEATN (ITEM 27) (Type, Print)



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1

3. TIME OF DEATH

2. DATE OF DEATH

	JOSEPH		LLOYD			G	OFF		0.5		3 1	991 4	4:14 p M
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, De			8. BIRTHPL	Marion Co.
	235 54 7059							May 3		1935	West	Virginia	
_	9a. FACILITY NAME (If not institution, give str					, TOWN C	R LOCATI	ON OF DE	АТН		9c. COUN	TY OF DEAT	н
S S	GREATER BALTIN	ORE ME	DICAL (	CENT	ER	BAI	TIM	ORE			BA	LTIM	DRE
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN	OR LOCAT	TON			-		10	d. INSIDE CITY
E	West Virginia Ha	rrison		0	Clark	sbur	g					1	LIMITS?  YES 2 NO
	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI	ZEN OF WHA	T COUNTRY?
EB	Route 3, Box 5	1				2	6301					U.S.A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	IT EVER IN U.S. AR I YES 2 NAR OR DATES		13.	If yes, sp		ın, Mexica	IIC ORIGIN? (S n, Puerto Ricer /:		s or No-	Specify:	American Indian, /hite, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(G	ive kind of	USUAL C	during mo	ON all of working	ng	16b, KIN	D OF BU	SINESS/IND	USTRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	+)		se retired.)								
MP	17. FATHER'S NAME (First, Middle, Last)		Pı	.pe I	ine	Work	7				ructi	on	
	Herman Benson	Coff							me (First, Middle .a Gay				
BE	19a. INFORMANT'S NAME (Type/Print)	I GOLL	194	MAILING	ADDRES	S (Street a		_	a Gay			Code)	
5	Alice Bundy (sist	ter)							sburg,	,	,	,	
	20s. METHOD OF DISPOSITION		20b. PLACE	ANO OAT	E OF OIS	POSITION	(Name		DATE	20c. LC	CATION	City or Town.	, Stata
	1 Burial 2 Cremation 3 Remo	rval from State	of cemelary.	Vir	gini	a Na	tion	al C	emeter	v	Prun	vtown	wv
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	1		NAME A	NO ADDRE	SS OF FA	CILITY				
H	· Ilama	$\mathbb{Z}(X)$	26.01	1)					eral S	erv	ıce		
	23. PART i. Enter the diseases, or c	omplicetione the	at caused the de	eth. Do	not ente					Or resp	iratory an	rest.	Approximate
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSECUTION OF	QUENCE C	OF): OF):	ard	Jane	مهرم	la	ges	200	8	
MEDICAL	PART II. Other significant condition	s contributing to	deeth but not i	resulting	In the u	nderlyin	g ceuse	given in			N AUTOPSY RMED? 2 NO	AL CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  LYES 2 NO
SIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF	DEATH (Ch	eck only one)				
SIC	1 YES 2 □ NO	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nu		ne 5 🗆 R	ealdenca	8 Other (Sp	pecify)			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	ER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  26b. TIME OF WORK? WORK?  M 1 YES 2 NO								DESCRIBE HOW INJURY OCCURED			
	3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOC.								281. LOCATIO City or To	N (Street wn, State		r or Aural Aou	te Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as eteted.											nd manner se eteted.	
BE C	296. SIGNATURE AND TITLE OF CENTIFIER						29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNEO (M	fonth, Day, Year)
TO B	0.C.M.E. 05/24/								/1991				
F	30. NAME AND ADDRESS OF PERSON WHI		JSE OF DEATH (ITE	M 27) (Typ	e, Print)							212	01
P	AMON				111	PEN	N S	TREE	T BA	LTI	MORE	E, MA	RYLAND
	31. DATE FILED (MONTH, Doy, Year)  MAY 31 1991	32 REGISTR	AR'S SIGNATURE	Malay	•								
	- 100	0		_			_						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

The state of the property of t
IF YES, GIVE WA
IF YES, GIVE WA
IF YES, GIVE WA
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DOX 1316  17. FATHER'S NAME (First, Middle, Last)  18. Information by the problem of th
Secure of the death of the de
To be standing to the death of the standing of
199. INFORMANT'S NAME (Types/Print)  Wiss Delia Green  199. MARK  199. INFORMANT'S NAME (Types/Print)  Miss Delia Green  209. METHOD OF DISPOSITION  1. Subset of a may be retained a may be retained to the the standard of the metal director. The metal director of the metal director of the metal director. The metal director of the metal director of the metal director. The metal director of the metal director of the metal director of the metal director. The metal director of the metal director of the metal director of the metal director. The metal director of the metal
29e. METHOD OF DISPOSITION  1. Burlet 2   Cremation 3   Removal from State  4   Donation 5   Other (Specify)  21. Signature of the state of the first of the state of the stat
21. SIGNATURE OF JUNEAU SERVICE LICENSEE  21. SIGNATURE OF JUNEAU SERVICE LICENSEE  22. SIGNATURE OF JUNEAU STREET  23. PART I. Enter the diseasea, or complications that shock, or heart feliure. List only one ceusions of complete shock or heart feliure. List only one ceusions of complete shock or heart feliure. List only one ceusions of complete shock or heart feliure. List only one ceusions of complete shock or heart feliure. List only one ceusions immediate cause conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (C. DUE TO (
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  23. PART I. Enter the diseasea, or complications that shock, or heart feliure. List only one ceus shock, or heart feliure. List only one ceus disease or condition to the transport of the tra
23. PART i. Enter the diseasea, or complications that shock, or heart feliure. List only one ceus shock, or heart feliure. List only one ceus shock, or heart feliure. List only one ceus important and wently filed in by the standard or condition resulting in death)  23. PART i. Enter the diseasea, or complications that shock, or heart feliure. List only one ceus important and conditions and conditions are shock, or heart feliure. List only one ceus shock, or heart feliure. List only one ceus important and conditions are shock, or heart feliure. List only one ceus shock.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4. SOCIAL SECURITY NUMBER 212 05 3854  90. FACILITY NAME (If not institution, give s 178 Dumbarton F  RESIDENCE OF DECEDENT 100. STATE 100. COUNT MD 100. STREET AND NUMBER 178 Dumbarton F  11. MARITAL STATUS 1 Never Married 2 Merried	treet and number)	(In yrs. lest birthdey) 84 YRS.	IF UNDER	1 YEAR	IF UNDER	24 MRS	Мау			AR	7: 00 p
212 05 3854  9e. FACILITY NAME (If not institution, give s 178 Dumbarton F  RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT MD 10e. STREET AND NUMBER 178 Dumbarton F  11. MARITAL STATUS  1 Never Married 2 Merried	treet and number) Road				IF UNDER	24 MRS	T DATE	OF BARRIA			
178 Dumbarton F  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT MD Ba.  10b. STREET AND NUMBER 178 Dumbarton F  11. MARITAL STATUS  1 Never Married 2 Merried	Road				HOURS	MIN.	Sept	Day, Ybar)	1905	BIRTHPLA Country) M	CE (State or Foreign
10e. STREET AND NUMBER 178 Dumbarton I  11. MARITAL STATUS 1 Never Married 2 Merried			9b. CITY		altir	nore	ATH		9c. COUNTY B	of DEATH	
MD Ba:  100. STREET AND NUMBER  178 Dumbarton F  11. MARITAL STATUS  1 Never Married 2 Merried										L	
178 Dumbarton F		10c. CIT	Y, TOWN		Ltimo	ore					I. INSIDE CITY LIMITS?  YES 2 1 NO
1 Never Married 2 Merried	Road			101	ZIP COD	E 1212			10g. CITIZEN	S A	COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO		If yes, spe	cify Cube		n, Puerto I	? (Specify Yes	or No 14.	RACE — Black, W Specify: Whit	
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL C	CCUPATIO	N .		16b	KIND OF BUS	NESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of all the Do NOT us Admini						Stat	e Gove	rnme	nt
17. FATHER'S NAME (First, Middle, Lust) Joseph P.	. Taymans				18. MOT		ME (First, I	Middle, Maiden	Surname)		
190. INFORMANT'S NAME (Type/Print) Miss Delia Green		196. MAILING 178 I							n, State, Zip Co , Md.		212
20e. METHOD OF DISPOSITION 1- Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		ob. PLACE OF DISPO	sition (w thed)	eme of cer ral (	netery, crer Cemet	natory or tery			cation — cin altimo		
21. SIGNATURE OF FUNERAL SERVICE LY	Duren 1		22.	MIT 6500	CHELI You	ss of FA L-WII	EDEFI	ELD HO	ME, IN	C. Md.	21212
23. PART i. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ASC			r the mo	de of dy	ing, suc	h es cen	diec or resp	iratory arrea	ι,	Approximete interval Between Ordet and Deat Adult
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	c	A CONSEQUENCE O									
PART II. Other algnificant condition	na contributing to death	but not resulting	in the u	nderlyln	g cause	given in	Pert i.	24a. WAS AN PERFOR	RMED?	CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	1				105 05 1	DE ATIA 404				<u> </u>	
EXAMINER?	HOSPITAL:	Junama . =	OTHE	R:	-	/	eck only o				
1 VES 2 NO	1 Inpatient 2 ER/O			_	-	lesidence	-	r (Specify)	INJURY OCCUI	nen	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	r) IN	JURY	1 🗆	PURY AT ORK? YES 2 [	ОМ					
3 Suicide 6 Could not be determined	26e. PLACE OF INJU building, etc. (S	RY — At home, ferm, pecify)	street, fa	ctory, offic	:0		28f. LOG C/ty	CATION (Street or Town, State	end Number or )	Rural Rout	e Number,
and and	SICIAN: To the best of my kn ER: On the basis of examins										nd manner as stated.
396. SIGNATURE AND STILE OF CERTIFIE	Hom	ul			29c. LIC	ENSE NU	MBER	2	29d. DATE S	SIGNED (M	onth, Day, Year)
Security C	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)		11/	96			1 7		0 11
Robert E. Stone			ם כמי	וצו ביינו	Sto	50	6 170	wson A	m 2120	)4	

	1. DECEDENT'S NAME (First, Middle, Lass Arthur Elmer Gai							MON		991	YEAR		
	4. SOCIAL SECURITY NUMBER 216-16-9991	5. SEX 1X M 2 - F	6. AGE (	in yrs. last birthda YRS	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH		Cour	15:35 THPLACE (State Intry) INSYLVE	
מסוסם	96. FACILITY NAME (If not institution, give 5615 North Avenual Residence of Decement			1	9b. CITY	r, TOWN	OR LOCATION OF D			9c, COL	UNTY OF		
	Maryland Baltimore 10c. CITY, TOWN OR LOCATION											10d. INSIDI	3?
E LA	100. STREET AND NUMBER 5615 North Avenue 101. ZIP CODE 21206 U.S.A.										WHAT COUN	TRY?	
ם בסווכרו	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 NO	- 1	If yes, sp	CENDENT OF HISPA Hecify Cuban, Mexic 3 2 NO Speci	an, Puerte		es or No—	Bla	CE — America ick, White, etc ecily: .te	n Indian,
COMPLETED B	15. DECEDENT'S E( (Specify only highest gra		+)	IIIn. Do NO	of work done use retired.)	during mo	ON ost of working	10	b. KIND OF BI		IDUSTRY		
	12 Years 17. FATHER'S NAME (First, Middle, Last)			Self e	amp Loy	red_	16. MOTHER'S N.	AME (First	Truck				100
	Albert Gaines								/				
	Albert Gaines  Anna (Unknown)  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  5615 North Avenue, Baltimore, Maryland 21206												
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re	amoval from State	ot	o. PLACE AND D	ory or other	place)	I (Name	D/				Town, State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Ga	rdens o	r rai	th	ND ADDRESS OF F	6/	l Bal	timo:	re,	Maryla	ınd
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 212												
	23. PART I. Enter the diseases, o shock, or haert fellun IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	s. List only one ca	tast	ech <sub>i</sub> llne.	not enter	r tha mo						App	roximate vai Betw
	shock, or heart feilur IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	s. DUE TO	O (OR AS A	CONSEQUENCE	o not enter	r tha mo	ode of dyling, eu					App	roximate vai Betwe
	shock, or heart feilur IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING	s. DUE TO	O (OR AS A	CONSEQUENCE	o not enter	r tha mo	ode of dyling, eu					App	
	shock, or heart feilur IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO	O (OR AS A	a consequence	O not enter	Ca Ca	ode of dying, eur	ch ss ca	rdiec or rea	N AUTOPS)	rrest,	App inter Onse	roximate val Betweet and De property Finding prior TO in of Caus
	shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	a. DUE TO  c. DUE TO  d. lons contributing to	O (OR AS A	a consequence	O not enter	the mo	ode of dying, eur	n Part I.	24s. WAS A PERF	N AUTOPS)	rrest,	Appinter Onse  4b. WERE AUTO AMAILABLE COMPLETE OF DEATH?	PPSY FINDIN TO NO F CAUS
	shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	b. DUE TO  C. DUE TO  d. HOSPITAL:  1   Inpatient 2	O (OR AS A O (OR AS A O (OR AS A	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE	OF): OF): OF): OTHE	ndariyin	ode of dying, europe of dying cause given in	n Part I.	24a. WAS A PERFO	N AUTOPS: DRMED? 2   NO	rrest,	Appinter Onse  4b. WERE AUTO AMAILABLE COMPLETE OF DEATH?	roximate val Betweet and De property Finding prior TO in of Caus
	shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending	b. DUE TO  d. HOSPITAL: 1   Inpatient 2   25e. DATE O (Month,	O (OR AS A O (OR AS A O (OR AS A	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE	OF): OF): OF): OF): OTHE	ndarlying 26. P. R: rsing Hor	ig cause given in	n Part I.	24a. WAS A PERFO	N AUTOPS: DRMED? 2   NO	rrest,	Appinter Onse  4b. WERE AUTO AMAILABLE COMPLETE OF DEATH?	PPSY FINDIN TO NO F CAUS
	shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  PART II. Other significant conditions in the condition of the condit	b. DUE TO  c. DUE TO  d. HOSPITAL: 1   Inpetient: 286. DATE O (Month.)	O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A	CONSEQUENCE  CONSE	OTHE OF INJURY	ndarlying Hor 28c. IN W	LACE OF DEATH (Come 5   Residence	n Part J.	24a. WAS A PERF  1 YES  one) her (Specify) ESCRIBE HOW	N AUTOPS'S NO NO NO NO NO NO NO NO NO NO NO NO NO	ccured	Appinter Onse  4b. WERE AUTO AMAILABLE COMPLETE OF DEATH?	PSY FINDIN PRIOR TO NO OF CAUS
	shock, or haert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentisily list conditions, if any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in desth) LAST  PART II. Other significant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending investigation 2 Accident 3 Suicide 6 Could not to 4 Homicide Certifying PH Check only	b. DUE TO  c. DUE TO  d. HOSPITAL: 1   Inpetient: 286. DATE O (Month.)	O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A	CONSEQUENCE  CONSE	OF):  OF):  OF):  OF):  OF):  OF):  OTHE  A   A   Nu  TIME OF  INJURY  M  m, street, fac	ndarlyin  26. P  R: raing Hor  28c. IN  1 □	ag cause given is  LACE OF DEATH (C)  THE S Residence  JURY AT  ORK?  YES 2 NO  Dean and place, and du	n Part I.	24a. WAS A PERFO	IN AUTOPS\\ DRMED? 2 \( \sum \text{NO} \) INJURY O	CCURED or or Rura	4b. WERE AUTT AWAIL ABLE COMPLETE OF DEATH? 1 YES	PSY FINDIN PRIOR TO NO F CAUS
	shock, or haert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentisily list conditions, if any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in desth) LAST  PART II. Other significant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending investigation 2 Accident 3 Suicide 6 Could not to 4 Homicide Certifying PH Check only	B. DUE TO  B. DUE TO  C. DUE TO  d. Ions contributing to  HOSPITAL:  1   Inpatient 2  28e. DATE O (Month, on 28e. PLACE building to 18e.	D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A D (OR AS A	consequence  a conseq	OTHE OF: OF: OF: OF: OF: OF: OF: OF: OF: OF:	ndarlyin  26. P  R: raing Hor  28c. IN  1 □	ag cause given is  LACE OF DEATH (C)  THE S Residence  JURY AT  ORK?  YES 2 NO  Dean and place, and du	n Part I.	24a. WAS A PERFO	N AUTOPS) RMED? 2  NO r INJURY O	CCURED or or Aura	4b. WERE AUTT AWAIL ABLE COMPLETE OF DEATH? 1 YES	PRIVATE OF CAUSE

	1. DECEDENT'S NAME (First, Middle, Last)	2.	DATE OF DEATH MONTH 5-26-	3. TIME OF DEATH 1:52A M
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday,  216-36-2855  1 M 2 X F  78 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MONTHS DAY'S HOURS MIN.		BIRTHPLACE (State or Foreign Country)
2, 3 should	98. FACILITY NAME (If not institution, give street and number)  11 W, 20th St., Apt. 2T  RESIDENCE OF DECEMENT	96. CITY, TOWN OR LOCATION OF DEATH Balto	9c. COUNT	Y OF DEATH
permit. Pages 1, 2, 3:	10s. STATE 10b. COUNTY 10c. C	nty, town on location Baltimore		10d. INSIDE CITY LIMITS? 1 A YES 2 NO
5 1 11	100. STREET AND NUMBER 11 W. 20th St.Apt 2T	101. ZIP CODE 21218	บร	N OF WHAT COUNTRY?
physician. the burial-transit	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ( If yes, specify Cuban, Maxican, P  1  YES 2 NO Specify:		I. RACE — American Indian, Black, White, atc. Specify: Black
ANN 23203 Breed Breed Breed COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  D O IN C	S USUAL OCCUPATION of work done during most of working use retired.) StiC	16b. KIND OF BUSINESS/INDUS	ТНҮ
€ ≥ 2 <b>2</b> m	17. FATHER'S NAME (First, Middle, Last) Amos Bowie	18. MOTHER'S NAME	(First, Middle, Maiden Surname)	
MAF retain 5 sho TO		NG ADDRESS (Street and Number or Rural Rout N. 20th St. Apt		
JORE, ge 6 may lirector, page r must by	1 & Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) WOOD 1 a	osition (Name of cometery, crometory or wn Cemetery	Balto.,	
death. funera	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  AUGUST D. BLOUR	Joseph H. Br 1913 W. Balt	ownJr. P.A.	Balto. 21223
OX 13146, the be executed within the prior to burial, cremation, or retrained in the med CATION	23. PART I. Enter the diseases, or complications that caused the death. Do shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CANCER OF: Struction	a cardiac or respiratory arres	it, Approximate interval Between Onset and Death
CORDS, P ires that the deat signed by the atti Health and Mental ws any injury, EDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting	g in the underlying cause given in Par	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ON ATTENDING PHYSICIAN: The law requestions after death with the State Dept. of 1 tem 28 is marked, or item 23 shouten by PHYSICIAN: MLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL.  EXAMINER?  1   YES 2   NO   NO   Reference   1   Impetient   2   Refourtpetient   3   DOA	28. PLACE OF DEATH (Check OTHER: 4   Nursing Home 5   Residence 6	only one)  Other (Specify)	
ON OF DING PHYSIC After this ce death with the marked, BY PHY	1 Netural 8 Pending (Month, Day, Year) 2 Accident (Investigation 28s. PLACE OF INJURY — At home, farm	M 1 YES 2 NO	Id. DESCRIBE HOW INJURY OCCU	
DIVISION OSPITAL OR ATTENDING UNERAL DIRECTOR: After rithin 72 hours after deatl ANT: If them 28 is ma COMPLETED BY	3 Suicide 8 Could not be determined building, etc. (Specify)  298. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occur		City or Town, State)	
DIVISION TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT: If item 28 is ma O BE COMPLETED BY	MEDICAL EXAMINER: On the basis of examination and/or investigation.	ation, in my opinion, death occured at the time		Signed (Month, Day, Year)
E 53 ₹ 0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)  31. DATE, FILEO (Month, Day, Year)  32. REGISTRAR SIGNATURE	po. Print) LiV of MARY	CAND.	

ter death. Page 6 may be retained by the house of the sing physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached or use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the North and in physician.	TO THE FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and completely filled in by the to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NA	ME (First, Middle, Last)								2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH
Eugene		Α.		Hen	7 -		R.		05	28		1991	
4. SOCIAL SECURI 213-86		5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	(Mont	OF BIRTH	CE	8. BIRTI	HPLACE (State or Foreign
	- 13/9 E (If not institution, give	7.7.	25	Tho.	9h CITY	TOWN (	OP LOCATI	ION OF DE		1-04-	-	INTY OF C	MD
			20				more		-2111		1		re City
	Trauma		L								Dal	LIMO	
100. STATE	10b. COUNT	Υ			LTIM			CITY	1			3	10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND	5 N. PUI	LASKI S	STREET			101	212				10g. CIT	US/	WHAT COUNTRY?
11. MARITAL STATE  1 Wednesd 4	d 2 Merried	12, WAS DECEDEN FORCES? 1 IF YES, GIVE V	NT EVER IN U.S. AR I YES 2XXX MAR OR DATES	MED		If yes, sp	ecify Cubi		n, Puerto	N? (Specify Ye Rican, etc.)	e or No—	14, RAC Blac Spec	E — American Indian, ok, White, etc.
(s Elementary/Sec 8 t h			+) (G	ive kind of Do NOT u	Work done	during mo	DN pat of world	ing	161	b. KIND OF BU	ISINESS/IN	DUSTRY	
17. FATHER'S NAME	E (First, Middle, Lest)									Middle, Meider	Sumame)		
	E A. HE	NRY SR.						GLA	OYS	DEL	DATC	H	x= file [f]
GLADY	S HENR	Υ		815							10RE	, MI	0. 21217
20a, METHOD OF 1 1 X Burlel 2 C 4 C Donation 5	Cremation 3 - Ren	novel from State	20b. PLACE						DAT		VSDO		own, State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ICENSEE	0		22.	NAME A	ND ADDRE	ESS OF FA	CILITY				
23. PART I. Ent	er the diseeses, or ck, or heert fellure	compilications the	at caused the de	eath. Do	h	M.C	. M	ARCI	ıF.				Approximate Interval Betw
23. PART i. Entraho IMMEDIATE CAl disease or concreatiting in des Sequentially lis if eny, leading to cause. Enter UI CAUSE (Disease that initiated extentions)	er the disesses, or ck, or heert feliure USE (Finel dition with)  at conditions, to immediate NDERLYING e or injury renta	complications this. List only one cere.  DUE TO  DUE TO  C.	at caused the deuse on each line of OR AS A CONSE	OUENCE C	DF):	M.C	ode of dy	ARCI	H F.	rdisc or resp			Approximate Interval Betw
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or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows the filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

VLAND 21215-0020

BALTIMORE, MARY

TO BE COMPLETED BY FUNERAL DIRECTOR

9	I ~	23	30	9	-(	)(
FC	R					
ST	AT	E				

	)					2. DATE C		WY	YEAR	3. TIME	OF OEATH
Shirley		Hoffman				05	28			5:30	) P
SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YE		ER 24 HRS.	7. DATE O	F BIRTH		6. BIRTH Countr	IPLACE (SI	tate or Foreign
65-42-0419	1 M 2 🔀 F	40 yas.	MONTHS DA	YS HOURS	MIN.	11	7 8/	50	Penr	nsylv	ania
FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCA	TION OF DE	ATH		9c. COL	UNTY OF D	EATH	
419 C Kimbark	Court		White	marsh				Bal	timo	re	
. STATE 10b. COUN	TY	10c. CIT	TY, TOWN OR LE	OCATION							IDE CITY
ryland Bal	ltimore		White	emarsh	ı						8 2 X NO
.street and number 7419 Kimbark C	Court Apt. C			101, ZIP CO	DE 2123	7		10g. CIT	U.S	S.A.	NTRY?
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If you	DECENDENT s, specify Cu YES 2 KN	oan, Maxica	n, Puerto Ri		s or No—	14. RACE Black Speci	k, White, e	
15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCU	PATION		16b.	KIND OF BL	ISINESS/IN	OUSTRY		
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+) 7 Years	(Give kind of life. Do NOT u			king		ilmer hns H	-		titut	e
FATHER'S NAME (First, Middle, Lest)					THER'S NA	ME (First, M		-			
Eugene	W. Hoffman				Be	tty A	. Swa	ney			
. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (St	reet and Numb					Ip Code)		
rs. Betty A. Ho	ffman	79 S	tonemar	nor	Mart:	insbu	rg, F	A 1	6662		
. METHOD OF DISPOSITION		20b. PLACE AND DAT	E OF DISPOSIT	TION (Name		DATE	1		- City or To	own, State	E VIII
Burial 2 ☐ Cremation 3 ☐ Re Donation 5 ☐ Other (Specify)	moval from State	Royer Co				6/2	Wo	odbu	rytov	mshi	lp, PA
SIGNATURE OF FUNERAL SERVICE L	LICENSEE	MOJEL O			ESS OF FA	CILITY					
				THE PROPE							
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ANDIATE CAUSE (Finel sease or condition suiting in death)  Adjunctively list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at Initiated events suiting in death) LAST  ART II. Other algnificant conditions and the conditions of t	B. List only one cause of  a. VECURONI  PUE TO (OR A  b. DUE TO (OR A  c. DUE TO (OR A  d. One contributing to deet  HOSPITAL:  1   Inpetient 2   ER/C  28a, DATE OF INJUI  (Month), Day, Yea  UNKNOWN  28a, PLACE OF INJUI	Dutpatient 3 DOA	DF:  CATION OF):  OF):  OF):  OTHER: 4   Nursing ME OF JURY NOWN 1	rlying ceuse  PLACE OF Home 5X C. INJURY AT WORK?	erty ] lying, suc	Part I.  Part I.  Peck only one 6 Other 28d. DES	Rand ec or reep  24a. WAS A PERFC 1 YES  (Specify) CRIBE HOW	N ALTOPSY PRIMED?  2 NO  INJURY O	rrest,  Y 24b	MD Applint On On On On On On On On On On On On On	21133 proximate erval Between
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ahock, or heert failure abook, or heert failure in the sease or condition self-ing in death)  equentielly list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury lat initiated events self-ing in death) LAST  ART II. Other algnificant conditions are included as a condition of the self-ing in death) LAST  ART II. Other algnificant conditions are included as case reference to Medical Evaluations are included as a condition of the self-ing investigation of the self-ing ing investigation of the self-ing investigation of the self-ing ing investigation of the self-ing ing investigation of the self-ing ing in the self-ing ing in the self-ing ing in the self-ing ing ing ing ing ing ing ing ing ing	a. List only one cause of  a. VECURONI PUE TO (OR A  b. DUE TO (OR A  c. DUE TO (OR A  d. One contributing to deet  HOSPITAL: 1   Impetent 2   ERVC  28a. DATE OF INJU  (Month, Dey, Yes  UNANOM)  28a. PLACE OF INJU  building, etc. (3)  HOME  YSICIAN: To the best of my kr  NER: On the bests of examination	S A CONSEQUENCE C S A CONSEQUE	I LOTE 8728 not enter the CATION OF): OF): OF): OTHER: OTH	rlying ceus- rlyin	bying, such that the property of the property	Part I.  Part I.  Cock only one  6 Other  28d. DES:  SUBJ  28f. LOCA  City of  7410  a to the cau  a time, data	Rand ec or reep  24a. WAS A PERFC  1   YES  (Specify)  CRIBE HOW  FCT  TITION (Streen or Yourn, State)  C K. Bee(a) and ma	N AUTOPS PRIMED?  INJURY O  INJURY O  INJURY O  INJURY O  INJURY O  INJURY O	CCURED CTED RK CT tated.	AP Int On Ap Int	21133 sproximate erval Between

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law-toughes that the death certificate be executed within 2-nours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been agned by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Deptral Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be
2	3	with	MA
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		CERTIFIC	AIE OF		REG. NO.		
1. DECEOENT'S NAME (First, Middle, Las	0)			1	DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
John Hylton	5. SEX 6. A	GE (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. 7	05 24	91	9:30 P
276-32-3551	1 NM 2 F		ONTHS DAYS	HOURS MIN.	(Month, Dev. Year)	Cou	Tamaica
9a. FACILITY NAME (If not institution, give	11		b. CITY, TOWN C	R LOCATION OF DEAT		9c. COUNTY OF	
Montgomore: Cr	acwal Home	d 4 = 1	01				
Montgomery Gr RESIDENCE OF DECEDENT 100, STATE 100, COUR			Olr	4		Mont	jomery
	ntgomery		OT mass	ION			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	rogomery		Olney	ZIP CODE		10a CITIZEN O	1 X YES 2 NO
17643 Longview	Lane			20832		USA	WINI COOKINI
11. MARITAL STATUS	12. WAS DECEDENT EV			ENDENT OF HISPANIC			CE - American Indian, ack, White, etc.
1 Never Married 2 Married	FORCES? 1 Y			city Cuban, Mexican, l 2  NO Specify:	Puerto Rican, etc.)	Sp	ecity: JAMAICAN
3 Widowed 4 Divorced				^			Control of the second
15. DECEDENT'S Ed (Specify only highest gra	ide completed)	(Give kind of wor	k done durina mo	DN at of working	16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Stock C			Manu	factur	ing
17. FATHER'S NAME (First, Middle, Last)	7			18. MOTHER'S NAME	(First, Middle, Maiden	Samama)	
John Hylton					Arscot		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street a	nd Number or Rural Rou		, State, Zip Code)	
Eugenia Hylton		same	as 10e				
20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re	movel from State	20b. PLACE OF OISPOSIT	ION (Name of cer	netery, cremetory or		CATION — City or	
4 Donation 5 Other (Specify)		Norbeck				ney, Ma	ryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		1000	ID ADDRESS OF FACIL			
murry	Burke	1	Muri	el H. Bar Box 503	ber Funer	al Home	Md 20882
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. Hypre  Due to (or our to (or o	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:					10 year
PART II. Other significant conditions B	dions contributing to dear	th but not resulting in	the underlying	g cause given in Pr	PERFOR	MED?	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE
					_ 1  YES 2	□-40	OF DEATH? 1 YES 2 NO
Varied							
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (Check	conty one)		
Variad	HOSPITAL:		THER:	ACE OF OEATH (Check			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 1 npetient 2 ER/ 25a. DATE OF INJU (Month, Day, Ye	Outpatient 3 DOA 4	OTHER:  Numbing Hom OF 28c. INJ	e 5 🗆 Residence 6		JURY OCCURED	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending	HOSPITAL:  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Outpetient 3 DOA 4  JRY 26b. TIME INJUF  JURY — At home, farm, str	OTHER:  Nursing Horr OF 28c. INJ WC M 1	e 5 Residence 6 URY AT 2 PROPERTY AT 3 PROPE	Other (Specify)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF CEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not 1 determined  29s. CERTIFIER (Check only)	HOSPITAL:  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Outpetient 3 □ DOA 4  JRY 28b. TIME: INJUF  JURY — At home, farm, str. (Specify)  knowledge, death occurred	OTHER: Nursing Horn OF 28c. INJ. WC 1   set, factory, office at the time, date	PRESIDENCE 6  URBY AT PRK7  YES 2 NO  and place, and due to	Other (Specify)  18d. DESCRIBE HOW II  18d. LOCATION (Street a City or Town, State)  18d. the cause(a) and man	and Number or Ru	ral Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER OF OEATH  1  Netural 5  Pending Investigation 3  Suicide 6  Could not 1  determined  29a. CETTIFIER (Check only one) 2  MEDICAL EXAMINER)  29b. SIONATURE AND TITLE OF CERTIFIER  29c. SIONATURE AND TITLE OF CERTIFIER  20c. SIONATURE OF CERTIFIER  20c. SIONATURE	HOSPITAL:  1 Stipetient 2 St. PATE OF INJUNE  25a. DATE OF INJUNE (Month, Day, M.  25a. PLACE OF IN, building, etc.)  YSICIAN: To the best of my Interest on the bests of axamistrices.	Outpetient 3 □ DOA 4  JRY 26b. TIME INJUS  JURY — At home, farm, stn  (Specify)  Knowledge, death occurred nation and/or investigation,	OTHER: Nursing Horn Norsing Hor	PRESIDENCE 6  URBY AT PRK7  YES 2 NO  and place, and due to	Other (Specify)  ed. DESCRIBE HOW II  ed. DESCRIBE HOW II  city or Town, State)  the ceuse(a) and mar me, data and place, an	and Number or Ru mer as stated, d due to the cau	ral Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 4 Homicide 6 Could not 1 determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	HOSPITAL:  1 Stipetient 2 September 2 Sept	Outpetient 3 □ DOA 4  PRY 28b. TIME: INJUF  INJUFY—At home, farm, str. (Specify)  Knowledge, death occurred nation and/or investigation,	OTHER:  Nursing Horr VY M 28c. IN. WC 1 1  set, factory, office at the time, data in my opinion, c	PRESIDENCE 6 UNRY AT 2 PRICT YES 2 NO 2  and place, and due to leath occured at the till  29c. LICENSE NUMB  18 72	Other (Specify)  ed. DESCRIBE HOW II  ed. DESCRIBE HOW II  city or Town, State)  the ceuse(a) and mar me, data and place, an	and Number or Ru mer as stated, d due to the cau	ral Route Number, se(a) and manner as stated

•	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTA	L HYGIENI REG. NO.			14641
,	1. DECEDENT'S NAME (First, Middle, Last)  Do Mar	DONALD PH	46	LRR15		MONT	AY 2	7 9	EAR	IME OF DEATH
ď	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH h, Day, Year)		BIRTHPLAC Country)	E (State or Foreign
	235-29-4015	1 M 2 🗆 F	20 YRS.				. 7, 19			YLVANIA
DIMECTOR	90. FACILITY NAME (If not institution, give ste WASHINGTON COUNT RESIDENCE OF DECEMENT			HAGER	OR LOCATION OF D	EATH		WASH	INGTO	
5	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION				10d.	INSIDE CITY
5	WV BERK	ELEY	HEI	GESVILL	Ε				1 🗆	LIMITS?  YES 2 X NO
اہ	10e. STREET AND NUMBER			10	1. ZIP CODE			10g. CITIZEI	N OF WHAT	COUNTRY?
H	PO BOX 802				25427				USA	
BY FUNEHAL	11. MARITAL STATUS 1XXNever Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	ZX NO	If yes, a	DENDENT OF HISPA Decity Cuben, Mexic S XX NO Speci	an, Puerto		or No 14	Black, Wh Specify:	merican Indien, ite, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPAT	ON	161	. KIND OF BUS	INESS/INDUS		
<u>.</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during in ise retired.)	ost or working					
Ž	12		CUTTIN	G DEPT.			TANNE	RY		
3	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N.	AME (First,	Middle, Maiden	Sumame)		
NE NE	(UNKNOWN)				DON	NA M	AE HARF	RIS		
2	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural				ode)	
- 1	MRS. DONNA M. HA				2, HEDGE	SVIL				
	20e. METHOD OF DISPOSITION  1X Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State of c	emetary, cremator	e of disposition of other place)  HEBRON		15/:	31 CL	ENTON .		State
	21. SIGNATURE OF FUNERAL SERVICE LIC	M. Bioc	va)	BROW	NO ADDRESS OF FOR STANDARD STA	ACILITY L HO!	ME, 327	7 W. K	ING S	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A  DUE TO (OR AS A  OUE TO (DR AS A	CONSEDUENCE C	DF):						Onset and Death
	resulting in deeth) LAST	d								
PHYSICIAN: MEDICAL C	PART II. Other significent condition	e contributing to death be	ut not resulting	in the underlyl	ng ceuse given li	Part I.	24e. WAS AN PERFOR	MED?	AMA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only o	ane)			
ה	1 PYES 2 NO	1   Inpatient 2   ER/Outp	etlent 3 DOA	OTHER: 4 Nursing Ho	me 6 🗆 Residence	6 🗆 Oth	er (Specify)	m.b.		
67 PH	27. MÅNNER OF DEATH  1 Netural 6 Pending 2 Accident investigation	(Month, Day, Year)		JURY W	JURY AT ORK? YES NO	28d. DE	Ligi -	-1.	RED NA EC	/
	3 Suicide 5 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	://y)	Bireet, fectory, off		261. LO Cin	CATION (Street I	and Number or	Rural Route	Number, W. Ve
COMPLEIED	(onder only	CIAN: To the best of my knowl	ledge, death occur	red at the time, da						d manner as stated.
N N	29b. SIGNATURE AND TITLE DE CERTIFIE	12 m la			29c. LICENSE NO	Jm	2	29d. DATE S	SIGNED (Mo	nth, Day, Year)
5	30, NAME AND ADDRESS OF PERSON WH	1/ 1/2			IIE HACE			217/0	The state of the s	, , , , ,
	31. DATE FILED (Month, Day, Year) MAY 31 1991	32. REGISTRAR'S SIGN		AVEN	UE, HAGE	KOTON	VIN, PID	21/40		

•	MO.							2. DATE OF DEATH MONTH DA				
	JAMES 5.			1				5 22 91			M	
	219 28 5290	5. SEX 1 M 2 D F	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH  (Marthy Dex Year)  6///32		V11	ginia
	9e. FACILITY NAME (If not institution, give a				9b. CITY	,	OR LOCAT		EATH			
FUNERAL DIRECTOR	Carroll County C	General H	lospital			West	tmins	ster		Ca	rrol	1 Co.
	10s. STATE 10b. COUNTY	1		10c. CIT	TY, TOWN	OR LOCA	TION					10d. INSIDE CITY
5	Maryland Sm	yth Coun	ty		Man	ion						1 YES 2 NO
4	100. STREET AND NUMBER						. ZIP COD	E				
ᇤ	418 Catron Stree	et					243	54		U	.S.A	•
R									NIC ORIOIN? (Specify Yee or No— an, Puerto Rican, etc.)  14. RACE- Steck, Specify			- American Indian, White, etc.
3	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	ECEDENT'S	USUAL C	CCUPATI	ON	ina	16b. KIND OF BUS	SINESS/INC	S. BIRTHPLACE (State or Recognity) Virginia COUNTY OF DEATH Carroll Co.  10d. INSIDE CITY LIMITS? 1  YES 2 K CITIZEN OF WHAT COUNTRY? U.S.A.  14. RACE — American Indi Sleck, White, etc. Specify: White Cinn Tree City or Town, Stata Tree, Maryland Ce, Maryland Completion of Complet	
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5	a) Ho	quip	use retired.)				Const	ruct		
5	17. FATHER'S NAME (First, Middle, Last)				_	1			ME (First, Middle, Malden			
	Hansford Hawkin	ns					7,11	Sus	ie Jane S	Saund	lers	
BE	19a. INFORMANT'S NAME (Type/Print)		19						Route Number, City or Tow			
2	Gwendolyn Hawkir	าร		480	08 P:	iney	Grov	ve Ro	oad, Reiste	ersto	wn,	Md 21136
	1  ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State other				Ceme		tery    20c. LOCATION - City or Town, State   Weisburg, Maryland					
	21. SIGNATURE OF FACILITY  Burgee-Henss Funeral Home 3631 Falls Road, Baltimore, Maryland 212.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algorificant condition	d	death but not	01.4		1	1	given in	Part i. 24a, WAS AN		24b.	WERE AUTOPSY FINDINGS
WEDICAL	Japtic U	cers.	legia	) in	R	4-Ra	r t	wi	1 TYES 2			COMPLETION OF CAUSE
ξ	25. WAS CASE REFERRED TO MEDICAL  EVANNUED 2  26. PLACE OF DEATH (Check only one)											
2	EXAMINER?  1 YES 2 NO  1 Inputient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify)											
PHYSICIAN	27. MANNER OF DEATH  1 Netural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY M					NJURY AT 28d. DESCRIBE HOW INJURY OCCURED MORK?  YES 2 NO					
IED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	25s. PLACE building	OF INJURY — At he, etc. (Specify)	ome, farm,	street, fac	etory, offic	co		251. LOCATION (Street City or Town, State)	and Numbe	r or Rural F	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of aximination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.											
	29b. SIONATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER							
700	1 Jackson, WID									▶5-22-91		
2	30. NAME AND ADDRESS OF PERSON WI	COMPLETED CAL		EM 27) (Typ	e, Print)							4
	31. DATE FILED (Morith, Day, Year) MAY 31 1991	32. REGISTR	AR'S SIGNATURE	Less								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cedificate by TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept. of Health and Mental Hybiene prior IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other train

hin expours after death. Page 6 may be retained by the hospital or attending physician.

By the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should gration, or removal.

At, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 1314

Pages 1, 2, 3 should

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)			2, DATE OF DEATH	3. TIME OF DEATH							
Lawrence	Run Ings	7.5	MONTH 36 DAY	92 1 8 3 3 5 M							
	(In yrs. lest birthday) UNDER		7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign							
22,671,85834375 12 M2 OF 7	4 YRS. MONTHS	DAYS HOURS MIN.	8/21/16	Virginia							
9a. FACILITY NAME (If not institution, give street and number)	s of	TOWN OF LOCATION OF DE	ATH S	C. COUNTY OF DEATH							
Tonne of kve parcen Eve	hans of kill Renger Evergreen Sermine City										
Tone of RUR Regreen Eve	10c. CITY, TOWN O	1 constant									
10e. STATE 10b. COUNTY				10d. INSIDE CITY							
7 = 1   1   1   1   1   1   1   1   1   1	Balti	More 101, ZIP CODE		YES 2 NO							
10. STREET AND NUMBER  2525 W. Belvedere Ave.  11. MARITAL STATUS  1 Never Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES		21215									
11. MARITAL STATUS  12. WAS DECEDENT EVER	IN II C ADMED 12 W	AS DECENDENT OF HISPAN	IIC ODICING (Passity Vancuum)	U.S.							
1 Never Married Y Married FORCES? 1 YES	S 2 NO	yes, specify Cuban, Maxica	n, Puerto Rican, etc.)	Black, White, etc.							
	DATES	YES 2 NO Specify		Black							
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OC (Give kind of work done d	CUPATION	166, KIND OF BUSIN	ESS/INDUSTRY							
Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired.)	aring most or working									
Elementary/Secondary (0-12) College (1-4 or 5+)  17. FATHER'S NAME (First, Middle, Last)  T. d.d. Topping or C.			ME (First, Middle, Melden Su								
Edd Jennings		Missi	Marshall								
198. INFORMANT S NAME (Typerring)	The second control of the second control of	(Street and Number or Rural									
Ruby Ferguson		Belvedere									
20a. METHOD OF DISPOSITION  1 TO Burlat	THACE AND DATE OF DISPO	BETTON Name	DATE BE LOCA	TION - City or Topen, State							
4 Donation 5 Other (Specify)	MITION	-Charact	(1 (J)Q	DAY CIT							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 22.1	712-14 W	North Ave	Carroll F/H\-							
Men Ora	ll, B	712-14 W. alto., Md	North Ave								
disease or condition resulting in deeth)  a. DUE TO (OP AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions contributing to deeth	but not resulting in the un	derlying cause given in	Part I. 24s. WAS AN AI PERFORM	ED? AMAILABLE PRIOR TO COMPLETION OF CAUSE							
				1 TYES 2 NO							
AV HER CARE REFERENCE TO MEDICAL											
EXAMINER? HOSPITAL:	- Opien:										
1 VES 2 NO 1 Inpetient 2 ER/O		sing Home 5 Residence	5 Other (Specify) 28d, DESCRIBE HOW INJ	ILIEN OCCURED							
	) INJURY	WORK?	286. DESCRIBE HOW INJ	ORT OCCURED							
2 Accident investigation investigation investigation and plants of the property of the section o											
4 Homicide datarmined											
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.											
one) —											
29b. SIGNATURE AND TITLE OF CERTIFIER	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  5/05/5/5										
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
NO POLICE TO	DEATH (ITEM 27) (Type, Print)			12371							
AVBITAL IN	LSinte 2	2 Balling	~MD a	(12)3							

IDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospitation attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriacian armin. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to to	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other trauma

DOOD  THE STAR DOROTHY HELEN KELLER  1. DOCROTHY HELEN KELLER  2. DOROTHY HELEN KELLER  3. DOROTHY HELEN KELLER  4. DOROTHY HELEN KELLER  5. DOROTHY HELEN KELLER  5. DOROTHY HELEN KELLER  5. DOROTHY HELEN KELLER  5. DOROTHY HEMBER HELEN HELEN KELLER  5. DOROTHY HELEN KELLER  5. DOROTHY HELEN KELLER  5. DOROTHY HELEN KELLER  5. DOROTHY HELEN KELLER  5. DOROTHY HELEN HELEN HELEN KELLER  5. DOROTHY HELEN KELLER  5. DOROTHY HELEN KELLER  5. DOROTHY HELEN KELLER  5. DOROTHY HELEN KELLER  5. DOROTHY HELEN KELLER  5. DOROTHY HELEN KELLER  5. DOROT	FOR 1 - STATE	STATE OF MARYL						AL HYGIEN	VE S		14644		
DOROTHY HELEN KELLER  1. SOCIAL SECURITY MANIBER  1. SECURITY MANIBER  1. SECURITY SAME (F red ministron, pile above of manibol)  2. SECURITY MANIBER  1. SE	REGISTRAR		CERTIF	ICATE	OF	DEATH			).	_	3 TIME OF OFATH		
SOCIAL SECURITY MANER  215-32-6040  11 M S DEF  57 YNS  12 M S DEF  15 NOC CONTY MANE OF CONTY MANER  15 NOC CONTY MANE OF CONTY MANER  15 NOC CONTY TOWN ON LOCATION DE CONTY MANER  15 NOC CONTY TOWN ON LOCATION DE CONTY TOWN		T C				MON	ITH E	DAY D.G.	YEAR				
THE STATE THAT THE PROPERTY AND ADDRESS OF PROPERTY OF STATE AND A				# INDED	1 VEAR	Æ INNED 24	$\rightarrow$		20				
GREATER BALTINORE MEDICAL CENTER  TOWSON  BALTIMORE  THE DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF THE DE	215-32-6040	1□M2√F 57		MONTHS	DAYS	HOURS	MIN. (Mo	nth, Day, Year)	_	Mar	yland		
STREET AND NUMBERS  1400 Clark Ave.  11. MARTAL STATUS  12. MAS DECEMENT STATUS  13. MAS DECEMENT STATUS  13. MAS DECEMENT STATUS  14. MARTAL STATUS  15. MARTAL STATUS  15. MARTAL STATUS  16. MARTAL STATUS  17. MARTAL STATUS  17. MARTAL STATUS  18. MARTAL STAT			NTER				OF DEATH						
STREET AND HUMBER  1400 Clark Ave.  11. MARTAL STATUS  11. MARTAL STATUS  12. MAS DECERDIT EVER IN U.S. ARMED  13. WES DECERDITE SUBJECTION  14. MARTAL STATUS  14. MARTAL STATUS  15. MARTER SAME (First More)  16. DECERDITE SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SUBJECTION  16. DECEMBER SU	10e. STATE 10b. COUNT Maryland B		10c. C/1					-			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
Test of Control   Test   Tes					101.	ZIP ÇODE			10g. C/1	IZEN OF V	VHAT COUNTRY?		
1   YES 22 NO Specify: Specify	1400 Clark Ave					210	93			ISA			
ARDERT ERVIN MICCIURE  196. INFORMANTS NAME (7)per/Princip  196. MALING ADDRESS (Strew and Number or Paural Roun Number, City or Town, Sans, Zip Could  197. Paul S. Keller  1400 Clark Ave., Lutherville, Md. 21093  208. NACE AND DATE OF DISPOSITION (Nume  1,00 per local Control of Control Contr		12. WAS DECEDENT EVER		- 9	If yes, spe	ENDENT OF I	HISPANIC ORIG			14, RACE Black	c, White, etc.		
A ADEPT EVYIN MICCUIPE  196. MALING ADDRESS (Strew and Number or Poural Rouse Manuac, City or Town, Sans, Zip Code)  D. P. Paul S. Keller  1400 Clark Ave., Lutherville, Md. 21093  206. METHOD OF DISPOSITION  10 Burlets 2 Chamselon 3 C Removal from State  1 Consistion 5 C Removal from State  1 Consistion 5 C Removal from State  1 Consistion 5 C Removal from State  1 Consistion 5 C Removal from State  1 Consistion 5 C Removal from State  2 Chart Church Cem.  2 ShrewSbury, Pa.  22. MARE AND ACRESS OF FACILITY  Lemmon—Mitchell—Wiedefeld  Timonium, Maryland 21093  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Behrones and to Green fellure. List only one cause on aech line.  MMEDIATE CAUSE (Final Idease or condition, resulting in death)  A CORONARY ARTERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  CORONARY ARTERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  CORONARY ARTERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  The state of the Conditions o	15. OECEDENT'S EO (Specify only highest gred	e completed)	18e. DECEDENT'S (Give kind of life. Do NOT u	Work done (	CCUPATIO	N at of working	1	8b. KIND OF BU	JSINESS/IN	DUSTRY			
A REPORT EVYIN MICCUIPE  The MARING ADDRESS (Street and Number or Poural Rousemble, City or Town, Sans, Zip Code)  Dr. Paul S. Keller  1400 Clark Ave., Lutherville, Md. 21093  200 METHOD OF OSPOSITION  150 Burlets 2 Chamselous 3 C Removal from State  1 Consistion 5 C Removal from State  1 Consistion 5 Control Clark Street And DATE OF DISPOSITION (Name Control Clark Shock, or Date (Special))  21. SURGEBUL ON FUSIONS (Special)  22. ENABLE AND ADDRESS (Street and Name Control Clark Clark Ave., Lutherville, Md. 21093  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Behrones and Date (Special)  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mod of dying, such as cardiac or respiratory arrest, interval Behrones or condition.  MMEDIATE CAUSE (Final disease or condition)  a. MYOCARDIAL INFARCTION  OUE TO (OR AS A CONSEQUENCE OF):  CORONARY ARTERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  4. MORROW The submitted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  4. MORROW The submitted events are submitted in thirtied events are submitted for the submitted submitted the submitted events are submitted for the submitted submitted events are submitted for the submitted submitted events are submitted for the submitted submitted events are submitted for the submitted events are submitted for the submitted events are submitted for the submitted events are submitted events are submitted for the submitted events are submitted events are submitted for the submitted events are submitted for the submitted events are subm	Learner tary (0-12)	2	1000					Stella	Mari	c			
Aldert Ervin Micciure  Dorothy Hester Skipper  198. MARING ADDRESS (Street and Number or Pauls Roun Number, City or Town, Sans, Zp Cools  Dr. Paul S. Keller  1400 Clark Ave., Lutherville, Md. 21093  200. N.ACC AND DATE OF OSDROSHION (Nume)  1/6 Burling 2   Crementon 3   Removed from State  1/6 Burling 2   Crementon 3   Removed from State  1/7 Burling 2   Crementon 3   Removed from State  1/7 Burling 2   Crementon 3   Removed from State  1/7 Burling 2   Crementon 3   Removed from State  200. N.ACC AND DATE OF OSDROSHION (Nume)  210. N. ACC AND DATE OF OSDROSHION (Nume)  210. N. ACC AND DATE OF OSDROSHION (Nume)  221. NAME AND ADDRESS OF PACLITY  Lemmon—Mitchell—Wiedefeld  Timonium, Maryland 21093  222. NAME AND ADDRESS OF PACLITY  Lemmon—Mitchell—Wiedefeld  Timonium, Maryland 21093  223. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intraval Beth Onset and Do Out to John And Accessed to the Complete Constitution of the Comple	17. FATHER'S NAME (First, Middle, Last)	-	regist	ci eu	INGI		R'S NAME (Firs			3			
D. P. PAUL S. KEIER    Downword of osposition   Description   Descriptio	Albert Ervin Mo	Clure				Do	orothy	Heste	r Sk		^		
1 gevinal 2   Crametion 3   Removal from State   Christ Lutheran Church Cem.   Shrewsbury   Pa.	Dr. Paul S. Ke	ller									93		
22. NARE AND ACRES OF FACILITY  Lemmon—Mitchell—Wiedefeld  Timonium, Maryland 21093  23. PART I. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervel Behones of conditions.  Sequentially list conditions.  MYOCARDIAL INFARCTION  OUE TO (OR AS A CONSEQUENCE OF):  CORONARY ARTERY DISEASE  DUE TO (OR AS A CONSE	20s METHOD OF DISPOSITION	novel from State	0b. PLACE AND DAT	E OF DISP	OSITION	(Name	D	ATE 20c. L	OCATION -	- City or To	own, Stata		
23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intraval Behones of conditions.    Approximate the mode of dying, such as cardiac or respiratory arrest, intraval Behones or conditions are the mode of dying, such as cardiac or respiratory arrest, intraval Behones or conditions.    MYOCARDIAL INFARCTION   36 hour resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):    CORONARY ARTERY DISEASE   Unknown   DUE TO (OR AS A CONSEQUENCE OF):   CORONARY ARTERY DISEASE   Unknown   DUE TO (OR AS A CONSEQUENCE OF):   d.   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   d.   DUE TO (OR AS A CONSEQUENCE OF):   d.   DUE TO (OR AS A CONSEQUENCE OF):   d.   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSE	4 Donation 8 Other (Specify)	4 Donetton 6 Other (Specify) Christ Lutheran Church Cem. Shrewsbury Pa.											
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on aech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  APPOCARDIAL INFARCTION  OUE TO (OR AS A CONSEQUENCE OF):  CORONARY ARTERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  COLUMN DUE TO (OR AS A CONSEQUENCE OF):  COLUMN DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  COLUMN DUE TO (OR AS A CONSE	21. SIGNATURE OF FUNERAL SERVICES	22. NAME AND ACCRESS OF FACILITY  Lemmon-Mitchell-Wiedefeld											
IMMEDIATE CAUSE (Final disease or condition resulting in death)  A										rrest,	Approximata		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS	iMMEDIATE CAUSE (Final disease or condition	IMMEDIATE CAUSE (Final					Onset and I						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSE	resulting in death)	8									30 HOUL		
Sequentially list conditions, is any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS	-			WARRANT TO THE PARTY OF THE PAR									
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25b. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  25c. PLACE OF OEATH (Check only one)  25c. PLACE OF OEATH (Check only one)  27c. MANNER OF OEATH  1 Netural 8 Pending Investigation  27c. MANNER OF OEATH  Check only one)  27c. MANNER OF OEATH  27c. MANNER OF OEATH (Check only one)  27c. MANNER OF OEATH  Check only one)  27c. MANNER OF OEATH  27c. MANNER	Sequentially flat conditions,	0,									ulikilowii		
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25b. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  25c. PLACE OF OEATH (Check only one)  25c. PLACE OF INJURY AT WORK?  1 YES 2 NO  25c. PLACE OF INJURY AT WORK?  1 YES 2 NO  25c. INJURY AT WORK?  1 YES 2 NO  25c. PLACE OF INJURY AT NOTICE	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE (	OF):									
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF OEATH (Check only one)  27. MANNER OF OEATH  1 YES 2 NO  28. DATE OF INJURY  (Month, Dey, Year)  28. DATE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF INJURY — At home, farm, street, factory, office  28. PLACE OF OEATH (Check only one)		d											
2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Chack only one) 2 MEDICAL EXAMINER: On the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. BURNATURE AND TITLE/OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Veer)	PART II. Other significant condition	ons contributing to death	but not reaulting	in the ur	ndarlying	j ceuse giv	ven in Part i.	PERFO	ORMED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Chack only one) 2 MEDICAL EXAMINER: On the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. BURNATURE AND TITLE/OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Veer)											1 YES 2 NO		
2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Chack only one) 2 MEDICAL EXAMINER: On the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. BURNATURE AND TITLE/OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Veer)	Z5. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL											
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 29e. CERTIFIER (Chack only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. MCNATURE AND TIPLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Veer)	EXAMINER?	HOSPITAL: OTHER:											
2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. BIGNATURE AND TIPLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Veer)		28e. DATE OF INJURY	28b. TI	28b. TIME OF 1NJURY AT WORK?									
29d. DATE SIGNED (Month, Day, Year)		28e. PLACE OF INJUR	RY — At home, ferm,				28f. L			er or Rural	Route Number,		
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY	(Check only 1 CHIPTING PRISICIAN: 10 the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH JITEM 277 (fore Policy)	296 SIGNATURE AND TITLE OF CERTIFI	ŧR .				29c. LICEN	SE NUMBER		29d. DA	TE SIGNES	(Month, Day, Year)		

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

L.D. USGS N. Charles

M.D.

St; Baltimare, MD.

Ronald Schekner,

BALTIMORE, MARYLAND 21215-0020	hed by the hospital or attending previous.	ould be detached for use as the burn frames maint. Pages 1, 2, 3 should	led at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending previous	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn transfer ment. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYL			OF HEALTH A OF DEATH		REG. NO.		14645
1. OECEDENT'S NAME (First, Middle, Leist) ALLEN	В.			KLEIN	2. OATE 05	of OEATH	1991	3. TIME OF GEATH  10:30 A M
4. SOCIAL SECURITY NUMBER 217-46-0914		(In yrs. last birthday)	IF UNDER 1 Y			OF BIRTH	S. BIR	THPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give BON SECOUR			9b. CITY, TO	OWN OR LOCATION BALTIMOF			9c. COUNTY OF	
BON SECOUR RESIDENCE OF DECEDENT 10a. STATE MARYLAND 10b. COUN	тү	Y, TOWN OR				10d. INSIDE CITY LIMITS?  NX YES 2 □ NO		
10e. STREET AND NUMBER  2425 LAKEVIEW AV  11. MARITAL STATUS  1 10 Marie Married 2 Married	VE., APT. 1-B			101. ZIP CODE	217		10g. CITIZEN OF	F WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	IN U.S. ARMEO	If y	AS DECENDENT OF yea, specify Cuban, YES 2 NO	Mexican, Puerto		Yes or No- 14. RACE — American Indian,	
15. OECEDENT'S EO (Specify only highest grac Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)		Ille. Do NOT us	work done dur	ring most of working	16			
17. FATHER'S NAME (First, Middle, Last) SYDNEY KLEIN				18, MOTHE	The second second	Middle, Maiden S HERMAI		
19a. INFORMANT'S NAME (Type/Print) MRS. AILEEN SILV	VERBERG			Street and Number or				PH292 A.,FL 33484
20a. METHOD OF DISPOSITION 1 Special 2 Committee 3 Res 4 Donation 5 Other (Specify)	moval from State	b. PLACE AND DATE cemetary, crematory BALTIMOR	or other place	ce)	5/29/		CATION — City of ISTERST	
21. SIGNATURE OFFUNERAL SERVICE :	Stillu	au	SOI	ME AND ADDRESS L LEVINSO 10 REIST	ON & BF			MD 21215
23. PART I. Errer the dispases, or shock, or heart fall ore IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. Plecrosia	each line.	not antar th		, such as ca	rdiac or reapir	ratory arrest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) I AST	c	A CONSEQUENCE O						
that initiated events reaulting in death) LAST	d							
3	one contributing to death	but not resulting	in the und	erlying cause giv	ren in Part I.	24a. WAS AN PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significant condition						L .		
	"HOSPITAL:		OTHER:					
PART II. Other significant conditions of the condition of	HOSPITAL: XX inpatiant 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year)	28b. TIN	4 🗆 Nursir	ng Home 5 - Reel	denca 6 COtt	ner (Specify)	NJURY OCCURED	Ċ.
PART II. Other significant conditions  25. Was case referred to medical examiner?  XX yes 2 no  27. Manuer of Death  1	28a. DATE OF INJURY (Month, Day, Year)	26b. Till IN.	4 Nursir	ng Home 5 Resi	denca 6 Ott	ner (Specify) ESCRIBE HOW IN	NJURY OCCURED	3.20
PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XX YES 2 NO  27. MANNER OF DEATH  1 Accident investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Year)	28b. Tilk IN. IY — At home, farm, ecity)	4 Nursir IE OF 2 JURY M street, factor	ng Home 5 Reel Rec. NJURY AT WORK? 1 YES 2 YES, office	28d. Di	ESCRIBE HOW IN CATION (Street as y or Town, State)	and Number or Run	al Route Number,

TIFIER

MYLL MD.

IN WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AC. M.E. SUCHT, M.D. DC. M. F. 111 PENN STREET

BALTIMORE, MARYLAND

Sydney I of tellen

South postants required by the

DIVISION OF VITAL RECORDS, P.O. BOX 13146,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi he filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, th

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMENT ICATE	OF H	EALTH DEAT	AND N	MENTAL	HYGIENI REG. NO.	91	11	4646
	1. DECEDENT'S NAME (First, Middle, Last)	KENPEL	MAN ,	(FANN	NIE K	ERPE	ELMAN	1)	2. DATE MONTH	OF DEATH		EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	/ VRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month	7. DATE OF BIRTH (Month, Day, 16er) AUG-15,1903  8. BIRTHPLACE (State Country) RUSSIA			
OR	9a. FACILITY NAME (If not institution, give street and number)  JOHN L. DEATON MEDICAL CENTER				9b. CITY,			ON OF DE			9c. COUNTY	OF DEAT	н
5	RESIDENCE OF DECEDENT												
DIRECTOR	MARYLAND 106. COUNTY	BALTIMORE 10c. C			Y, TOWN O		TIMO	RE					d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER 912 SCOTTS HILL	S DR.				101	ZIP COD		.208		10g. CITIZEN OF WHAT COUNTRY? USA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES?	IT EVER IN U.S. AR		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifityee, specify Cuban, Maxican, Puerto Rican, atc 1 YES 2 X NO Specify:				or No— 14	. RACE — Black, W Specify:	American Indian, hita, atc. WHITE		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)			ive kind of	work done ( se retired.)	CCUPATIO during mo	ON st of working	ng	16b.	KIND OF BUS	LAW	TRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) ELLIS KURLAND						18. MOT	HER'S NA	ME (First, A	Middle, Maiden	Surname) SHAIN		
TO B	19a. INFORMANT'S NAME (Type/Print)  MR. WILLIAM KER	PELMAN	19		ADDRESS HEA					ber, City or Town		2085	53
	20a. METHOD OF DISPOSITION 1 ◯ XBurlal 2 □ Cremation 3 □ Rem 4 □ Donetion 5 □ Other (Specify)	oval from Stata	20b. PLACE other pl HEE	ace)	SITION (No			natory or			CATION — CH		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTO., MD 2121				MD 21215				
	23. PART I. Enter the disease, or o	complications th	et coused the de	eth, Do	_								Approximate
	IMMEDIATE CAUSE (Final disease of condition resulting in death)	•			6 HEART BUILLURE						Interval Between Onset and Death  3 MONTH		
z	resulting in death)	OUE TO	OF AS A CONSE	TVE HEART PAILURE  BLOOD PRESSURE						YEARS			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO		(OR AS A CONSEQUENCE OF):									
ERTIF	that initiated events resulting in death) LAST	d		OULIVE C	, ,.								
PHYSICIAN: MEDICAL	PART II. Other significant condition  MESSY  According					nderiyin	g ceuse	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	AM CC DF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MIPLETION OF CAUSE F DEATH?  YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF	DEATH (Ch	eck only or	ne)			
Si	1 TES 2 NO		☐ ER/Outpatient ③	□ DOA			10 6 □ R	asidenca	6 🗆 Othe	r (Specify)			
ВУ РН	27. MANNER OF DEATH  1. Netural 5 Pending 2 Accident Investigation	26a. DATE O (Month,	F INJURY Day, Year)	26b. TII	ME OF JURY M		IURY AT ORK? YES 2 [	□ NO	28d. OES	SCRIBE HOW I	NJURY OCCU	REO	
	3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — At he i, atc. (Specify)	ome, farm,	street, fac	tory, offic	•		28t, LOC City	ATION (Street or Town, State)	and Number or	Rural Roul	te Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Dare	Q a	0			_	ENSE NUI	_		29d. DATE S	SIGNED (M	ontly. Day, Year)
2	30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH (ITE	M 27) (5m	e Print)								

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RICHARDSON

31. DATE FILED (Month, Day, Year)
MAY 3 1 1991

CHANCES

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DHMH-18 Rev 1/89

ST BALTIMORE, NO

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 2121

permit. Pages 1, 2, 3 should

3		4
1. Alice this columnate has been agained by the assertance of the property of the land of		is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
Sea of		2
SOLON.		must
D COLON		xaminer
and for in	r death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edical
20	n, 0	E 2
	Patio	5
The same	Сгел	vent
3	inial,	9 3
2	0 0	mat
- Constant	prior	trau
A British	Hygiene	r other
THE GREE	Mental	njury, o
2	and	W
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3	Dept	23
L'alla	State	Item
5 100	the	0
CIII	with	ked
Mile	death	mar
	bur	, 84

MAY 31 1991

32. REGISTRAR'S SIGNATURE

		F							7047
FOR 1 - STATE REGISTRAR	STATE OF N			MENT OF I		MENTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last)				AIL OI	DEATH	2. DATE OF DEATH		3	. TIME OF DEATH
Elmer	Lee		angra	11 16		May 2	6 19	991	11:00 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign
216-38-3490	216-38-3490 1X M 2 □ F 50				HOURS MIN.	(Month, Day, Year) April 21	1941	Mar Mar	yland
9a. FACILITY NAME (If not institution, give s			8	b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUN	TY OF DEA	тн
6 Cross Falls C	ircle			Spa	irks		Ba	altimo	re
RESIDENCE OF DECEDENT	v		10c CITY	TOWN OR LOCA	TION			I,	Od. INSIDE CITY
Maryland Balt			parks					LIMITS?	
10e. STREET AND NUMBER	10e. STREET AND NUMBER			10	1. ZIP CODE		10g. CITIZ	EN OF WH	AT COUNTRY?
6 Cross Falls	Circle				21152			USA	
10e. STREET AND NUMBER 6 Cross Falls 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 25		If yes, sp		NIC ORIGIN? (Specify Years, Puerto Ricen, etc.) y:	e or No—	Black, \	- American Indien, White, atc. White
	1	10.0			*	1			
(Specify only highest grade		16a. D	Give kind of wor	SUAL OCCUPATI rk done during m retired.)	ost of working	16b. KIND OF BU	ISINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 -	)		Teacher		Edu	cation		
Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)		30	211001	eache					
17. FATHER'S NAME (First, Middle, Last) Elmer Lee Lance	Hear					Me (First, Middle, Maide) McInturf	n Sumame)		
	graii								
190. INFORMANT'S NAME (Type/Print) Diana W. Carlson		1				Houte Number, City or To			0.000
Diana W. Carison			1240	12 Lime	Kiin Ko	ad, Fuller	ton,	Ma.	20759
20a. METHOD OF DISPOSITION  1X Burlal 2 Cremation 3 Rem  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI		of cemetar	y, crematory of	<u>Memo</u>	rial Gard	dens Mi	ddle 1		Md.
	Martin D	. Lawso	Tawan	Lem	mon-Mitc	hell-Wiede arvland 2			
23, PART I. Enter the diseases, or shock, or heart fellure.								est,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition	1 . 15	10 00		~					Onset and Death
resulting in death)	· LUN	10 CF	JUCE	:K					IYEAR
	DUE TO	(OR AS A CONS	EQUENCE OF):	ASTASES					IVEND
Sequentially list conditions,	b. DUT	15 WF	INSIL						IYEAR
if any, leading to immediate	DUE TO	(OR AS A CONS	EOUENCE OF):						
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	c								1
that initiated events resulting in desth) LAST	DUE TO	(OR AS A CONS	EOUENCE OF):						
	d								-
PART II. Other significent condition	ns contributing to	death but not	resulting in	the underlyin	ig ceuse given in	Part i. 24a, WAS A	N AUTOPSY	24b. Y	VERE AUTOPSY FINDINGS
				10.00		PERFO	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYES	2 KNO		OF DEATH?
						—		1	I TES 2 NO
						\			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. F	LACE OF DEATH (C	heck only one)			
1 TYES 2 NO	1 Inpatient 2	☐ ER/Outpatlant			ne 5 Residence	6 Other (Specify)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5 Pending	28e. DATE Of (Month, E		26b, TIME INJU	RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCC	CURED	
2 Accident Investigation	28a DI ACE (	OF INJURY — At I	home from et			28f. LOCATION (Stree	and Mumbas	or Chami Co	odn Moundage
3 Suicide 8 Could not be 4 Homicide determined	building	atc. (Specify)	nome, rami, sci	oot, ractory, on		City or Town, Stat	e)	Or Piurai Noi	ure Number,
						L			
TOTALK OTHY						e to the cause(e) and m e time, date end place,			end manner ee stated.
196. SIGNATURE AND TITLE OF CERTIFIE	tu				29c. LICENSE NU		29d. DAT	E SIGNED (	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAL	SE OF DEATH (IT	EM 27) (Type /	Print)	2210		~	100	
Eric J. Seifter					rk Aven	ue		1	

	urs aft	In by 1	edica
	1011 1-7	filled on. or	he m
0,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours afti	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medica
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X	be exe	d ot ro	auma
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	that th	ed by	any Is
Ŭ U	quires	n sign if Healf	SWO!
i R	law re	as bee Dept. o	23 st
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	HOSPI	FUNEF	ANT
	표	THE	POR
	2	23	E

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) OUENTIN LOVE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 13-84.248 DAYS HOURS 1 M 2 F YRS be detached for use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH UNIVERSITY HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION HIMORE FUNERAL 101. ZIP CODE the hospital or attending physician. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 1 11. MARITAL STATUS NILAND 21215-0020 If yes, specify Cubse, 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working the Do NOT use retred.) 15. DECEDENT'S EOUCATION pecify only highest grade comple (Sp Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) notified at BE 2 2 BALTIMORE PLACE AND DATE OF DISPOSITION urial 2 Cremation 3 🗆 must funeral director ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE filled in by the fi medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter ahock, or heart failura. List only one cause on cremation, or IMMEDIATE CAUSE (Final the disease or condition resulting in deeth) inding physician and completely fi Hygiene prior to burial, cremation event. traumatic CERTIFICATION Sequentially list conditions, **OUE TO (OR AS A CONSEQUENCE OF)** if any, leading to immediate ceuse. Entar UNDERLYING been signed by the attending physician at. of Health and Mental Hygiene prior to CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL shows any PHYSICIAN: certificate has been the State Dept. ( Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one certificate EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 2 | DOA OTHER: 4 🗆 No 6 28a. DATE OF INJURY (Month, Day, Year) 5-22-91 27. MANNER OF DEATH 286. TIME OF 28c. INJURY AT WORK? Item 28 Is marked, death with this 1 Netural 1 YES 2 NO DIRECTOR: After the hours after death BY 2 Accident HOSPITAL DR ATTENDING 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 🔲 Could not be COMPLETED STREET 29e. CERTIFIER

MEDICAL EXAMINER: On the be

mo

OCME

111 N. PENN STREET BALTIMORE, MARYLAND 21201

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Davidson-Randale

ERETH, MM

295 SIGNIFURE AND THE

31. DATE FILED (Month, Day, Year)

BE

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 5 1991 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 P YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE Maxican, Puarto Rican, etc.) 16b. KIND OF BUSINESS/INDUSTRY DATE interval Betwe Onset and Deeth 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1'SES 2 - NO YES 2 | NO g Home 5 🗆 Residence 6 🗆 Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED SUBJECT SHOT 281. LOCATION (Street and Number or Rural Route Number, 2435 Win CALLOW AVENUE 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner se stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

OHMH-16 Rev 1/89

5-22-1991

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,	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E 31	14649
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	ZACHARY STERI	LING	LEWIS			05 2		
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bif	RTHPLACE (State or Foreign
	214-08-3732	1 × M 2 - F 6	YRS.	ONTHS DAYS	HOURS MIN.	ours Min. Sept., 12,1984 Mary		
	9e. FACILITY NAME (If not institution, give str	reet end number)	9	b. CITY, TOWN O	R LOCATION OF DE		Sc. COUNTY O	
8	JOHNS HOPKINS HOS	PITAL		BALTIMO	RE CITY			
ᇤ	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c, CITY, 1	TOWN OR LOCAT	ION			10d, INSIDE CITY
DIRECTOR	Maryland Balt:	imore		nkton	201			LIMITS?
	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN O	F WNAT COUNTRY?
E	1306 Monkton	Road			21111		U.	S.A.
FUNERAL	11. MARITAL STATUS  1 № Never Merried 2 Merried  12. WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 YES 2 № NO IF YES, GIVE WAR OR DATES					IIC ORIGIN? (Specify Yes	or No 14. R.	ACE — American Indian,
					city Cuben, Mexica 2 4 NO Specify	n, Puerto Rican, etc.)	100	leck, White, etc.
ВУ	3 Wildowed 4 Divorced							White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		(Give kind of work life. Do NOT use n	k done during mo	N at of working	16b. KIND OF BUS	SINESS/INDUSTR	Y
1 1 1	Elementary/Secondary (0-12)	College (1-4 or 5+)	Studen			Pre-Se	chool	
ž	17. FATHER'S NAME (First, Middle, Last)		Doddon		10 MOTHER'S NA	ME (First, Middle, Malden	Cumana)	
	Trevor C. Lewi	ls. Jr.				R. Ruhl	Surriemey	
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AG	OORESS (Street e	4	Poute Number, City or Tow	n, State. Zio Codel	
2	Trevor C. Lewi	is, Jr.	1306	Monkt	on Rd.	, Monkton	n, MD	21111
	20s. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Remo	20b	PLACE AND DATE O	F OISPOSITION		OATE 20c. LO		
	1 X Burlel 2 Cremetion 3 Remo		reford B	-		/30/91 He		
	21. SIGNATURE OF FINERAL SERVICE LIC	ENSEE /		J.J.	ID ADDRESS OF FA Hartens	tein Mor	tuary,	Inc.
	* HA Ha	renster	n	24 Se	econd St	., New F	reedom	, PA 17349
	23. PART I Enter the diseases, or c	omplications that caused List only one cause on as	the death. Do not	enter the mo	de of dying, suc	h ea cardlec or reap	iratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	List only one couse on ea	icii iiiie.					Onset and Deeth
	disease or condition resulting in death)	DROWNING	G					
		DUE TO (OR AS A	CONSEQUENCE OF):					
No	Sequentially list conditions,	DUE 70 (OP AC A	CONSEQUENCE OF):					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	302 10 (011 20 2	onsection of the section of the sect					
띮	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):					
눈	reaulting in death) LAST	4						
	PART II. Other aignificent conditions	a contributing to death b	ut not resulting in	the underlying	ceuse alven in	Part I. 24e, WAS AN	Airmobey	24b. WERE AUTOPSY FINDINGS
CAL		- continuenting to down or	at not resulting in	ule ulluerlying	g coupe given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE
MEDIC						TYES	P □ NO	OF DEATH?
						— j		1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER?	HOSPITAL:		OTHER:	In annual	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	280. DATE OF INJURY	205 TIME	OF John IN	URY AT	26d. DESCRIBE HOW	NJURY OCCURE	0
	1 Natural 5 Pending 2 Accident Investigation	05/27/9	1 5:0	5 MP 1	PES 24 NO	SUBJECT I	DROWNED	(1)
ED BY	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	lhr)	eet, factory, offic	•	261. LOCATION (Street City of Town, State	and Number or Ru	ral Route Number,
	4 Homicide determined		"" POND			1300 mor	nkton ro	oad
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	edge, death occurred	at the time, date	and place, and due	to the cause(e) end ma	nner as stated.	
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation,	In my opinion, d	leath occured at the	time, date end place, a	nd due to the cau	se(e) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU		29d. DATE SIG	NED (Month, Day, Year)
0 8	DOWARD G Whigh				O.C.M.E	•	▶ 05/2	28/91
۴	30. NAME AND ADDRESS OF PERSON WHO					100		
		7 MD DEME		STREET	BALTIMO	RE MARYLAN	ID 21202	)
	MAY 31 1991 Such	32. REGISTRAR'S SIGN	ATURE					
	ומל ובבו דם ואו	The latest and the	U.S.					100

has sertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91	14650
	2 DATE OF DEATH		3 TIME OF DEATH

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	LIZABETH V.	LOWE	RY			5 24	1 91	7:15 AH	
	4. SOCIAL SECURITY NUMBER 5. SEI 225-34-0779 1	6. AGE (In yrs. In	YRS. IF UNDE		IF UNDER 24 HRS.	(Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign try)	
	9a. FACILITY NAME (If not institution, give street and			Y TOWN DR	LOCATION OF DEAT		9c COUNTY OF	DEATH	
DIRECTOR	2900 SECOND AVE				VILLE			MORE	
E I	10a. STATE 10b. CDUNTY		10c. CITY, TOWN	DR LOCATIO	N			10d. INSIDE CITY	
		IMORE	PARK	VILLE				1 WES 2 ND	
FUNERAL	100. STREET AND NUMBER 2900 SECOND	AVE		110000	21234		109. CITIZEN OF	WHAT COUNTRY?	
5	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U.S. AL	MED 13			ORIGIN? (Specify Yea	or No- 14. RAC	E — American Indian, ck, White, etc.	
BY	1 Never Married 2 Married IF  3 Wildowed 4 Divorced	PRCES? 1 YES 2 X YES, GIVE WAR DR DATES	Μp		Ify Cuban, Mexican, ONO Specify:	Puerto Rican, atc.)	Spe	olly:	
유	15. DECEDENT'S EDUCATION (Specify only highest grade complete	16a. Di	ECEDENT'S USUAL	OCCUPATION	of working	16b. KIND OF BUS			
COMPLETED		ge (1-4 or 5 +)	ive kind of work done Do NOT use retired. DUSCUIF		or working	Home			
0.0	17. FATHER'S NAME (First, Middle, Last)	0 1			16. MOTHER'S NAME	E (First, Middle, Maiden	Surname)		
BEC	ANTHONY M	CCLAIN			Bride	aeth BR	OWN		
TO B	100. INFORMANT'S NAME (Typo/Print) FAMILY RECORDS	16	b. MAILING ADDRE	SS (Street and		Ote Number, City or Town	n, State, Zip Code)		
	20a, METHOD OF DISPOSITION	20h PLACE	AND DATE OF DIS	POSITION (A	lame	DATE 20c. LO	CATION — City or	Fown, State	
	1 Burial 2 Cremation 3 Ramoval fro 4 Donation 5 Other (Specify)	om State of cemetary	crematory or other	H CL	Em.	MAH	HONING.	Pa.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		2:	. NAME AND	ADDRESS OF FACI	of Memori			
	* Telest (	2 Chax		380C		ord Ro	, BALTO	Md . 21234	
Ŧ	23. PART I. Enter the diseases, or compli- ahock, or heart failure. List or	cations that caused the d	aath. Do not ente	er the mode	o of dying, such	aa cardlec Dr respi	ratory arrest,	Approximats Interval Batwesn	
	IMMEDIATE CAUSE (Finel disease or condition							Onset and Death	
	reaulting in death) a	CARDIO PULI	DUENCE OF):	1	4 RICES;			SMIN	
Z	Sequentially list conditions, b.	DUE TO (OR AS A CONSE	ASCUL	AR	DISE	ASE ST	ROKE	YRS	
TIO				7				TRS	
2	CAUSE (Disease or Injury that initiated events								
CERTIFICATION	resulting in death) LAST								
	PART II. Other significent conditions cont	tributing to death but not	regulting in the s	underlylna .	cause alven in E	art J. 24s. WAS AN	Attmosey 2	b. WERE AUTOPSY FINDINGS	
MEDICAL	PERIPHERAL				-	PERFOR	IMED?	MAILABLE PRIOR TO COMPLETION DF CAUSE	
ED	- PORTATE CONTRACTOR	11130.00	12 01	2017		1 YES 2	(SAND	DF DEATH?	
_						- 1 -		1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26, PLA	CE DF DEATH (Chec	k only one)			
SIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  1 Inputtent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Assidence 8 Other (Specify)								
PHYSICIAN:		28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUI WOR	RY AT K?	28d. DESCRIBE HOW I	NJURY OCCURED		
В	2 Accident Investigation	28a. PLACE OF INJURY — At h	ome farm street to	1 TYE		28f. LOCATION (Street	and Number or Rura	I Poute Number	
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)			134	City or Town, State)		, rosto riamos,	
PLE	CONSTRUCTION CONTROL	To the best of my knowledge, d	eath occurred at the	ilme, date a	nd place, and due t	o the cause(a) and made	nner as stated.		
SOM	one) 2 MEDICAL EXAMINER: On I	he basis of exemination and/or	investigation, in m	y opinion, des	eth occured at the I	lme, data and place, ar	d due to the cause	e(e) end manner as stated.	
TO BE (	206. SIGNATURE AND TITLE DF CERTIFIER	Botton	el M	no	29c. LICENSE NUMI	654		ED (Month, Day, Year) -Z4-91	
F	80. WIME AND ADDRESS OF PERSON WHO COM  RICITARD  W.	BITT	EM 27) (Type, Print)  PICK	81	10 IAAN	25000	PD B.	195021234	
		32. REGISTRAR'S SIGNATURE							
	MAY 31 1991	Pulia Davidson-Ra	ndeble						

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OSPI	INEF	ithin	INT:
보	H H	w be	DRT
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.
		-	-

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		ENTAL HYGIENE REG. NO.	31	14651
,	1. DECEDENT'S NAME (First, Middle, Lest) A J CL	EL LEVI	NSON			2. DATE OF DEATH DAY	- 97	AR 3. TIME OF OBATH
	4. SOCIAL SECURITY NUMBER 216-42-1194		(In yrs. lest birthday) 18 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/8/194	0	BIRTHPLACE (State or Foreign Sountry) MARYLAND
-	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF DEA	ТН	9c. COUNTY	
2	6 SPRINGBRIAR L	Α.		BAI	TIMORE		В	BALTIMORE
DIMECTOR	MARYLAND 106. COUNT	BALTIMORE	10c. CIT	Y, TOWN OR LOCA	ON BALTIMORE			16d, INSIDE CITY LIMITS? 1 YES 2 NO
EKAL	6 SPRINGBRIAR L	ANE		10	21208	8		OF WHAT COUNTRY? USA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Diverced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	If yes, ap	ENDENT OF HISPANIC Cuban, Mexican, 2 NO Specify:	C ORIGIN? (Specify Yea Puerto Rican, etc.)	3.5	RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	USUAL OCCUPATION Work done during more retired.)  ON CONSUITATION	at of working	16b. KIND OF BUS		PINANCE
BE COM	17. FATHER'S NAME (First, Middle, Last) LEONARD LEVI	NSON			16. MOTHER'S NAM FANI	E (First, Middle, Meiden : NIE MONFR		
2	19a. INFORMANT'S NAME (Type/Print) MRS. DEBORAH LE	VINSON		ADDRESS (Street PRINGBRIA		BALTIMORE,		<sup>(*)</sup> 21208
	20a. METHOD OF DISPOSITION  1 Surfat 2 Cremation 3 Ret 4 Donation 5 Other (Specify)	moval from State of	b. PLACE ANO DAT cemetary, crematory	or other place)	(Name RI 5/29/9		EDALE,	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L		11-5	22. NAME A	LEVINSO		INC.	
NO	23. PART I. Enter the diseases, or shock, or heart fellure immediate CAUSE (Pinel disease or condition resulting in death)  Sequentially list conditions,	a. ADENOCAL  BUE TO (OR AS A)  LIVER	ech lina.	A OF U	de of dying, such		ratory arrest,	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	¢	A CONSEQUENCE O					
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	ona contributing to death i	but not reaulting	in tha undarlyir	g cause given in F	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF OEATH (Che	ck only one)		
PHYS	1 VES 2 NO 27 MANNEB OF DEATH	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY W	JURY AT ORK?	Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCUR	ED
ED 87	1 Natural 8 Pending Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR	Y — Al home, farm,		YES 2 NO	281. LOCATION (Street & City or Town, State)		Purel Route Number,
COMPLETED	29a. CERTIFIER (Check only	SICIAN: To the best of my know						
BE CO	29b. SIGNATURE AND TITLE OF CERTIFI	NER: On the basis of examination	on end/or investigati	on, in my opinion,	29c. LICENSE NUM			IQNED (Month, Day, Year)
9	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	o, Print)	0243	73	> 5	128/91
	ST. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		K AVE	RHIL	0. 7MD =	21201	
	MAY 3 1 1991	gipia Davidson	Mathana					OMMN.16 Pay 1/89

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

215-12-0890

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

1 🗌 M 2 📈 F

1 -

Should		9a. FACILITY NAME (If not institution, give s	treet and number)	^	9b.	CITY, TOWN C	R LOCATION OF DE	ATH 1/17 3
, s	OR	GLD COURT NURS	ING CENTE	il.	12	ANDA	LLS TOWN	21133
-	D	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	v		10c. CITY, TO	MN OR LOCAT	TION	
12 1	DIRECTO		3alfimore		100 011 11 10		NOALLST	
(別集)		10e. STREET AND NUMBER	sallmore				ZIP CODE	own
1	N.	5412 OLD COURT	an power	110'8011	M/ m		2/12	2
Cian.	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARM	EO OB			IC ORIGIN? (Specify
physician buria tra		1 Never Merried 2 Merried	FORCES? 1 YE		·		ecify Cuban, Mexico 2 10 Specify	n, Puerto Rican, etc.)
attending ise as the	BY	3 Widowed 4 Divorced	l					
or atte	三	15. OECEDENT'S EDU (Specify only highest grade		(G/M	EDENT'S USUA e kind of work of Do NOT <sub>a</sub> use retir	one durina mo	ON st of working	16b. KINO OF E
	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)		1/.	LEWI	FE	
the hospital detached fo	MO	17. FATHER'S NAME (First, Middle, Last)			,,,,,,	2007		ME (First, Middle, Maid
by th		BOVER PE	FTERSON				CATI	TONNE
s should notified	) BE	19a. INFORMANT'S NAME (Type/Print)			MAILING ADD	RESS (Street	and Number or Rural I	Route Number, City or 1
be retage 5 s	5	TED MURK	AY		3 K,	TTRI	DGE	J. RAN.
- 0 4		20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem		0b. PLACE O		Name of cer	metery, cremetory or	20c.
Page 6 mai al director, p		4 Donation 5 Other (Specify)			HRBO	1745	Mon	· PARIO 1
death. Pag funeral die I. examiner		21. SIGNATURE OF FUNERAL SERVICE LI	PARTINE /	0	İ	22. NAME AI	ND ADDRESS OF FA	CILITDERM
		Den	13. Can	_		4611	Ponk	H516-H
24 hours after of filled in by the fon, or removal.		23. PART I. Enter the diseases, or shock, or heart fellure.	complications that caus	ed the dee	th. Do not e	nter the mo	de of dying, auc	h ea cerdlec or re
D D E		IMMEDIATE CAUSE (Final	Clar only one ceose on	each inte.	/	11	. 6	
within 24 inpletely fille cremation, vent, the	- 1	disease or condition resulting in death)	. Congu	lin	NU	u1 K	arling	
ted within completely fal, cremati event, ti			DUE TO JOR AS	A CONSECT	UENCE OF):	/		
and and	O	Sequentielly list conditions,	b. DUE TO (OR AS	A CONSEQU	UENCE OF:			
or to	AT	if any, leading to immediate cause. Enter UNDERLYING						
	F	CAUSE (Diseese or Injury that initieted events	DUE TO (OR AS	A CONSEQU	UENCE OF):			
- E S - 0	CERTIFICATION	reaulting in death) LAST	d					
0 0 0		PART ii. Other aignificent condition	ns contributing to death	but not re	suitipg in th	e underlyin	g cause given in	Part I. 24e. WAS
₹ 5 5 S	MEDICAL	Chronie	remal 1	use	ill.			PERF
requires the neen signed of Health a	밀				77			_   ' ' ' '
w request, of sho	-							_
I: The law cate has be state Dept.	M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH (Ch	eck only one)
YSICIAN: The s certificate th the State id, or item	PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1   Inputient 2   ER/O	utpatient 3		MER: Nursing Hon	ne 5 🗆 Residence	8 Other (Specify)
	PH	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year		28b. TIME OF INJURY	W	JURY AT ORK?	28d. DESCRIBE HO
After this death will	BY	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO	
TTENDING PATER After after death	ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (S	RY — At hon pecify)	ne, farm, street	, factory, offic	:•	281. LOCATION (Stre City or Town, Str
THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: After filed within 72 hours after death PORTANT: If Item 28 is ma	5	200 CERTIFIED - 4						
TAL D	COMPLET	(Check only	ICIAN: To the best of my kn					
TO THE HOSPITAL TO THE FUNERAL I DO FILED WITHIN 72 h	8		ER: On the basis of examine	HOH WHOLOT IF	westryation, in	ту ортноп, с		
표를	BE	296. BIOMATHURE AND TITLE OF CENTIFIE	rest OL		2		29c. LICENSE NUI	WBER COLO
663₹	٩	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	CHATH (ITEM	27) (Type, Print	4	1-14	4/X
		BIENNENINGR	MATRIXXA	, (I)			unit Od	Cockeys
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	CALATTIRE_	- LKI	T/Y Y.7 K	UIII KU	CACLEAS
	- 1	MAY 3 1 1991	Adia Devidson	-Nanda	all o			

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

6. AGE (in yrs. last birthday)

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 120 8. BIRTHPLACE (Sta maryland 9c. COUNTY OF DEATH BAltimore 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indien, Black, White, etc. Black BUSINESS/INDUSTRY TS AVE BATTO ZIZ Approximate apiratory arrest, interval Between **Onset and Death** YEARS AN AUTOPSY FORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO W INJURY OCCURED et and Number or Rural Route Number, 29d. OATE SIGNEO (Month, Day, Year)

2 NO

5

S. P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the beath actificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the after a physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health, and Mental Pygleof prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the be	TO THE FUNERAL DIRECTOR: After this certificate has been signed busher at be filed within 72 hours after death with the State Dept. of Health and Ment	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury

DR.

DISHAROON,

3414

	FOR 1 • STATE REGISTRAR	STATE OF I				HEALTH AND	MENTAL HYGIEN REG. NO	_	91	14653
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	MARGARET A. MAHEI						MAY 30, 1	991		8:44 M
	4. SOCIAL SECURITY NUMBER 215-05-0916	5. SEX	6. AGE (In yrs. less	t birthday) YRS.	MONTHS DAY		JUNE 17, 1	917	Countr	IPLACE (State or Foreign y) YLAND
OR	9a. FACILITY NAME (If not institution, give st 6401 LOCH RAVEN I		APT. 2	14		N OR LOCATION OF D		V	JNTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  MARYLAND -			111111111111111111111111111111111111111	Y, TOWN OR LO					10d. INSIDE CITY LIMITS?  XXX YES 2 NO
FUNERAL	100. STREET AND NUMBER 6401 LOCH RAVEN	BLVD.,	- APT.	214		101. ZIP CODE 21239			U. S	what country?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDER	IT EVER IN U.S. ARI YES 2XXX MAR OR DATES	MED	If yes		ANIC ORIGIN? (Specify Yesten, Puerto Rican, etc.)		14. RACE	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) NA		+) (Gi	ve kind of Do NOT u	work done during se retired.)  ERIA MA	most of working	18b. KIND OF BU			CH - CURLEY
BE CO	17. FATHER'S NAME (First, Middle, Lust) HARRY CUNNINGHAM						AME (First, Middle, Meiden OMI GENTRY	Surname)		
TO B	196. INFORMANT'S NAME (Type/Print) JEAN MAHER (DGHTE	R-IN-LAW					Route Number, City or Tow SYKESVILLE			784
	20a, METHOD OF DISPOSITION 1 To Buriel 2 Cremetion 3 Remote the Donation 6 Other (Specify)	oval from State			E OF DISPOSIT		1		City or To	LLE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE .	al .		SCH		NERAL HOME LANE, BALT			0. 21213
	23. PART I. Enter the diseases, or cehock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ca	úse on aach lina				ch as cardiac or reep Lent.	iratory a	rrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTI	DUENCE O	0F):	ris				Yearr
_	PART II. Other algorificant condition	a contributing to	death but not r	eaulting	In the under	ving cause given i	n Part I. 24s. WAS AN	AUTOPS	/ 246	. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Congestive Insulin de	pend	rt f	di	lure	es mo	PERFO.  1 YES:			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	B. PLACE OF DEATH (	Check only one)  6  Other (Specify)			
BY PHY	27. MANNER OF DEATH  1 Watural 6 Pending 2 Accident Investigation	28a. DATE O		26b. TII	ME OF 280	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — At he i, etc. (Specify)	me, farm,	atreet, factory,	offica	28f. LOCATION (Street City or Town, State	and Numb )	er or Rural :	Route Number,
COMPLETED	onel -						us to the cause(s) and ma he time, data and place, a			a) and manner as stated.
TO BE	200. SIGNATURE THE TITLE OF CONTINUES	ill	~	11	n	D2	UMBER 2419	29d. D/	TE SIGNED	7/9/

BALTIMORE,

ST. PAUL ST.,

32. DEGISTRAPIS SIGNATURE

Davidson—Randelle

permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 2121

nours after death. Page 6 may be retained by the hosp

	REGISTRAR	CERTIFICA	TE OF DEATH	REG. NO.	
1	1. DECEDENT'S NAME (First, Middle, Last)	,		2. DATE OF DEATH	3. TIME OF DEATH
,	EDNA MYRTLE MATH	ER		05 30	GIAN STATE M
ì			NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	216-36-6045 1 D M 2 X F	32 YRS. MONT	THE DAYS HOURS MIN.	(Month, Day, Year)	Country) MARILL DAIN
	9a. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF DE	ATH Lec CO	UNTY OF OEATH
œ		T	) , ,	10.00	ONTY OF OLDAN
2	Dt. Agnes Hospital RESIDENCE OF DECEDENT	-	saltimore		
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION	-	10d. INSIDE CITY
8	MARYLAND	BAI -	TIMORE		1 YES 2 NO
	10e. STREET AND NUMBER		10f. ZIP CODE	10a. C	ITIZEN OF WHAT COUNTRY?
& I	3628 HINELINE BOAD		21229		USA
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	I A DANED		IIC ORIGIN? (Specify Yee or No.—	00
3	1 Never Married 2 Merried FORCES? 1 YES	2 NO	If yes, specify Cuben, Mexica	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc.
À	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATE	ES	1 TYES 2 NO Specify	r:	Specify; 1141TF
	15. DECEDENT'S EDUCATION 19	6e. DECEDENT'S USUA	AL OCCUPATION	16b. KIND OF BUSINESS/II	NOLIETBY WILLIAM
	(Specify only highest grade completed)	(Give kind at work a life. Do NOT use retir	lone during most of working	TOOL PURIE OF BOOMESON	
7	Elementary/Secondary (0-12) College (1-4 or 5+) 9th grade	HOMEN	A DV EK		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1,01-1211		ME (First, Middle, Melden Surname)	
ö	Samuel Crouse		The State of the Co.		
BE	19e. INFORMANT'S NAME (Type/Print)	T 401 1141 1110 455		AGATHA (unkno	
2	THE PROPERTY OF THE PARTY OF TH		RESS (Street and Number or Rural I		
	MARGARET EINOLF				MARyland 2029
	20e. METHOD OF DISPOSITION  1 Disputel 2 Cremetion 3 Removal from State  20b. P	PLACE AND DATE OF I	DISPOSITION (Name her place) MEMORIAL PARK	DATE 20c. LOCATION -	— City or Town, State
		ADOWRIDGE			DGE
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	BBARD FUNERAL	HOME THO
	Kislander H. Miles	<b>'</b>		Ave. Baltimor	
	23. PART I. Enter the diseases, or complications that ceused t				
	shock, or heart failure. List only one cause on each				Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Muse	line Infantio	· ·	Citati and Doutin
	resulting in death) a. Due To (OR AS & C	ONSEQUENCE OF:	es rigouin		
_	- 1800	10	/		
Ó	Sequentially list conditions,	ONSEQUENCE OF):			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING				
프	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A C	ONSEQUENCE OF):			
E	resulting in daeth) LAST				
	u.				
DICAL	PART II. Other significant conditions contributing to death but	not resulting in th	a undarlying cause given in	Part I. 24a. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2				1 _ YES 2 40	COMPLETION OF CAUSE OF DEATH?
MEC					1 TES 2 THO
¥	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	eck only one)	
SIC	EXAMINER?  1 YES 2 NO HOSPITAL:  Jellingation 2 ER/Outpati		HER: Nursing Home 6 - Residence	8 Chebar (Spanis)	THE VI C IN
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	26d. DESCRIBE HOW INJURY O	OCCURED
	1 Netural 5 Pending (Month, Day, Year)	INJURY	M 1 YES 2 NO		
ВУ	2 Accident Investigation 3 Suicide a Could not be 28e. PLACE OF INJURY —	- At home, farm, street	, factory, office	281. LOCATION (Street and Numi	ber or Rural Route Number.
	4 Homicide B Could not be datermined building, etc. (Specify	)		City or Town, State)	
9	290. CERTIFIER				
<u>a</u>	(Check only CENTIFTING PHYSICIAN: 10 the best of my knowled				
COMPLETED	2 MEDICAL EXAMINER: On the basis of examination a	ind/or investigation, in	my opinion, death occured at the	time, date and place, and due to	the ceuse(a) and menner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	WBER 29d. D.	ATE SIGNED (Month, Day, Year)
OB	Martha Chamendo - me	dur Mal	dent		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print		4 4	
	. Martha Chumundo & A	nes Hospit	2 900 caton	an Baltone	MD x/229
	31 DATE FILED (Morith, Day, Year) 32 REGISTRAR'S SIGNAT	URE			
	MAY 31 1991 Gulia Tevidor Rand				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-Tiburs after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law response mention of the continued to the continued of the continued of the continued by the hospital or attending physician.	DR: After this certificate has been injuried to make and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should the State Dept. I have a set the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law recommendation certification	TO THE FUNERAL DIRECTOR; After this certificate has be supply the mental Hydien be filed within 72 hours after death with the State Dept.	IMPORTANT: If ilem 28 is marked, or item 23 severals into the control of the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE O	DEATH	RI	EG. NO.		
	1. OECEOENT'S NAME (First, Middle, Last)	M	1/00	. \		2. DATE OF D	DEATN RAY	YEAR 3	3. TIME OF DEATH
	WILLARD		GRA			0	23	7/1	J #
	4. SOCIAL SECURITY NUMBER 579-12-8802		(In yrs. leat birthday)  YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day June 2	(, Ybar) 5, 1903	8. BIRTNPI Country) VIR	LACE (State or Foreign
	9e. FACILITY NAME (If not institution, give s			9b. CITY, TOW	OR LOCATION OF OR			JNTY OF OE	
DIRECTOR	SHADY GROVE ADVEN	TIST NURSING	HOME	ROCKVII	LE		MONT	GOMER	Y
REC	10a. STATE 10b. COUNTY	1	10c. Cl	TY, TOWN OR LOC	ATION			1	10d. INSIDE CITY LIMITS?
	MARYLAND MONTGO	MERY	B03						1 ☐ YES 2 X NO
FUNERAL	19840 SLIDELL ROA				01. ZIP COOE 20841		10g. CIT	USA	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR E	2 X NO	If yes,	ecendent of NISPAN apacity Cuban, Mexica ES 2-4 NO Specify	n, Puerto Rican		14. RACE - Black, Specify WH I	— American Indian, White, etc.
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	S USUAL OCCUPA	TION post of working	16b. KINI	D OF BUSINESS/IN	DUSTRY	
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5+)		work done during in retired.)  OFFICER.	nost of Worldry	DA	NKING		
OME	12 17. FATHER'S NAME (First, Middle, Last)	4	I RUSI (	FFICER	10 MOTHER'S NA		n, Maiden Surname)		
	FRED McGR	AW			MARY	ME (FRSI, MICURE	GRAVES		
TO BE	19e. INFORMANT'S NAME (Type/Print)				t and Number or Rural I				
F	JOHN A. McGRAW				RD., BETH	ESDA M			
	20a. METHOO OF DISPOSITION  1 Buriel 2 To Cremation 3 Rem  4 Donation 5 Tother (Specify)	oval from State	b. PLACE OF OISPO Other place) ETROPOL		emetery, cremetory or MATORY		ALEXANDE		
	21. BIGHATURE OF PURENAL SERVICE LIC		11/70		EL H. BAF				20002
	23. PANT I. Enter the diseases, or o	The state of the s	W470		5038, LAY				Approximate
	ahock, or heart fellure.  IMMEDIATE CAUSE (Final	List only one cause on	eech line.					rest,	Intervel Between Onset and Death
	resulting in death)	. Haguration	A CONSEQUENCE	me in	4 acute re	not fail	hre		days.
z		e. Agustion BUE TO (OR AS  B. Sever ase  OUE TO (OR AS  Chronic O	bernie an	of himert	nsure con	diomini	thy/		months
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE	OF):	·		1		
FICA	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. OUE TO (OR AS	A CONSEQUENCE (	OFI:	morener	discon	<u></u>		years
H	reaulting in death) LAST	d.							
Ö	PART II. Other significent condition	a contributing to deeth	but not resulting	in the underly	na ceuse alven in	Part I 24a	. WAS AN AUTOPSY	245.1	WERE AUTOPSY FINDINGS
B	Artie stensia	chronic obst					PERFORMEO?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE
MED	Transient richer	in attacker.			rathy	_   ''	YES 2 NO		OF OEATH?
ä	Chronic gonty ar	thritis							
CIA	25. WAS CASE REFERED TO MEDICAL, EXAMINER?	HOSPITAL:		26. ОТ <b>⊬</b> ÉR:	PLACE OF OEATH (Ch	eck only one)			
PHYSICIAN:	1 TYES 2 NO	1   Inpatient 2   ER/Out		4 M Nursing N	ome 5 - Residence				
ВУ РН	27, MANNER OF OEATN  1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TII	JURY	NJURY AT VORK? YES 2 NO	28d. DESCRIE	BE NOW INJURY O	CURED	
8	3 Suicide e Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, ecify)	street, factory, of	lice		N (Street end Numbe wn, State)	er or Rural Ro	ute Number,
J.C	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	wledge, death occur	red at the time, d	ite and place, end dua	to the cause(e	) and manner ee st	ated.	
COMPLET	-1	ER: On the basis of exemination							end menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI		29d, DA	TE SIGNEO (	Month, Day, Year)
TO B	13 yr Johnson				0-19	042	<b>•</b>	5/23	192
	BYRL O. JOHNSON	911 Rus		e, Print)	itheribung		20879		
	31. DATE FILEO (MONTH, Day, Year) MAY 31 1991	32, REGISTRAR'S SIG	nature indate		,				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SANGER LANGE

## FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERTIF	ICATE	OF	DEAT	'H	3/10/19	REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last) Andrew		MANN	VING				Ł	2. DATE MONTH		AY 2.J	YEAR	3. TIME OF DEATH 7 15 A. N
4. SOCIAL SECURITY NUMBER		B. AGE (In yrs.	last birthday)	IF UNDER 1	DAYS	IF UNDER	24 HRS.	7. DATE (	OF BIRTH , Day, Year)	Nie.	8. BIRTI	IPLACE (State or Foreign
	1 <b>⊠</b> H 2 □ F		YRS.				6	5	21	91	Tax of Experience	ND
31. 1100	street and number)					ORE	ON OF DI	EATH		9c. CO	UNTY OF E	DEATH
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	TY	_	10e, CIT	Y, TOWN OF	R LOCAT	ION	-					10d. INSIDE CITY
MP HO	ward		El	llico		City				T 40 . 0	7.7511 05 1	LIMITS?  1 ☐ YES 2 ☒ NO WHAT COUNTRY?
8206 Tall Tree	s Ct.				101		104:	3		10g. C	U.S	S.A.
11. MARITAL STATUS  1 Never Married 2 Merried  3 Nidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 25		11	yes, sp		n, Mexica	en, Puerto F	? (Specify Ye lican, etc.)	a or No—	Spec	E — American Indian, k, Whita, etc. ////////////////////////////////////
15. DECEDENT'S EDI (Specify only highest gred	UCATION	16a.	DECEDENT'S (Give kind of	USUAL OC	CUPATIO	ON at all working		16b.	KIND OF BU	ISINESS/II		1111-
Elementary/Secondary (0-12)	College (1-4 or 5+)		Baby	se retired.)	uning mo	St OF WORKIN	y					
17. FATHER'S NAME (First, Middle, Last)	-					18. MOTH	IER'S NA	AME (First, A	liddle, Maider	Sumame		
Mark A. Man	ning						Ke:	11y	S. S	hea		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING									
Mark Manning			8206	Tall	Tre	es C	t. I	Ellic	ott C	ity,	Mary	land 21043
20e, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Rea 4 Donation 5 Other (Specify)	moval from State	of cemeta	CE AND DAT Ly, crematory LVary	E OF DISPO	SITION ace)	(Name		DATI	20c. L	CATION -	- City or To	
21, SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. P	NAME A	NO ADDRES	SS OF FA	ACILITY	al Ho			
Turm 12	en ores X	Yans	2	36	31	Falls	Ro	ad, E	Baltim	ore,	Md	21211
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Grando de Due TO (1)  Due TO (1)  Due TO (1)		SEQUENCE O	OF):	<i>'}</i>							
PART II. Other significant condition	ons contributing to c	leath but no	t resulting	In the un	derlyin	g ceuse (	given in	Part I.	24a. WAS A PERFO	RMED?	Y 24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26, PI	LACE OF D	EATH (C	heck only or	10)			
EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetient	3 DOA	OTHER	t:		-275	6 🗆 Othe				
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	25e. DATE OF I	NJURY y, Ybar)	28b. TIN	_	28c. INJ WC	JURY AT DRK?	U		CRIBE HOW	INJURY C	CCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF	INJURY — At	home, farm,	street, facto	ory, offic	ia.			ATION (Street or Town, State		ber or Rural	Route Number,
Consoli Only	SICIAN: To the bast of au											(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	1. m	luran	1 1	edian Boride	-	29c, LIC	ENSE NU	JMBER	0	29d. D	ATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W KAKEN WAIRE	^ -			o, Print) M.D			St.	Agr	12	Hosp	iral	
31. DATE FILED (Month, Day, Year) MAY 31 1991	32. REGISTRAF	SON-ROM	delle									

detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be entitized by the attending physician and completely filled in by the funeral director, page 5 may be elacthed for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be inches.

nobiled at Ince.

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTRAR
	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	-	1	4	6	5	7	derile.

	1. DECEDENT'S NAME (Firet, Middle, La					2. DATE OF DEAT		3. TIME OF DEATI
	Alexander		NING			7. DATE OF BIRTY	21 9	BIRTHPLACE (State or For
		1 M 2 🗆 F	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Month, Day, Ye	91	MD , USA
LOR	ST. AGNED H	PSPITAL			OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH
DIRECTOR	10e. STATE 10b. COU	Howard	10c. CITY,	TOWN OR LOC E11	ATION LCOTT Cit	у		10d. INSIDE CITY LIMITS? 1 Tes 2
FUNERAL	10e. STREET AND NUMBER 8206 Tall Tr	ees Ct.			er. ZIP CODE 21043			J.S.A.
BY	11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 XNO	13. WAS D If yes, 1 [] Yi	ECENDENT OF HISPA Specify Cuban, Mexico SS 24 WO Specific	NIC ORIGIN? (Speci an, Puerto Rican, et ly:	y Yes or No— 1-	4. RACE — American India Black, White, etc. Specify: White
PLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use Baby	ork done during i	TION nost of working	16b. KIND O	F BUSINESS/INDUS	STRY
COMPL	17. FATHER'S NAME (First, Middle, Lest)				The second second second	AME (First, Middle, M		
BE	Mark 190. INFORMANT'S NAME (Type/Print)	A. Manning		ADDRESS (Street	Ke1	7	Shea or Town, State, Zio G	(ode)
입		lanning						Md 21043
	29. METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 F 4 Donation 5 Communication		ob. PLACE AND DATE of cemetary, crematory Calvary	of disposition of their place)	N (Name	DATE 20	e LOCATION — CH	eld, Ill
	21. SIGNATURE OF TUNERAL SERVICE	Bullon	(Na. as)	22. NAME	and Address of Fr Surgee He falls R	nss Fune	ral Home	
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C	A CONSEQUENCE OF					
AL CERT	PART II. Other algnificant condi	dtlone contributing to death	but not resulting in	n the underly	ing cause given in		AS AN AUTOPSY	24b. WERE AUTOPSY F
MEC							ES 2 NO	COMPLETION OF (OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?				PLACE OF DEATH (C	heck only one)		
YSICI	1 TYES 2 NO	HOSPITAL: 1   Inputient 2   ER/OL			ome 5 - Residence			100
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigat	26e. DATE OF INJURY (Month, Day, Year)		URY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE	IOW INJURY OCCL	JRED
6	3 Suicide 6 Could not 4 Homicide determine	building, etc. (St	RY — At home, farm, s pecify)	treet, factory, o	fice	28f. LOCATION (S City or Town,	Street and Number o State)	r Rural Route Number,
COMPLET	tonout only	HYSICIAN: To the best of my known MINER; On the basis of examinat						
TO BE COMP	29b. SIGNATURE AND TITLE OF CERT	e & mly	rul, R	diatric esiderit	29c. LICENSE NU	мвея		SIGNED (Month, Day, Year) - 27 91
	KAREN LLAIR	E S. TALL	WAN, M	1.D.	St. A	gnes H	ospital	7
	31. DATE FILED (Month, Day, Year) MAY 3 1 1991	32. REGISTRAR'S SIN	- Pandell					1

or attending physician. UP 21215-0020 BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

exa	edical	he m	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exar	IMPORTAN
	remova	ion, or	1.72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or r	be filed withi
P F	n by th	filled i	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	TO THE FUNI
dead	irs after	non	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after deat	TO THE HOS
BAL	00		DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

JOHN H.	MANGELS				May 21	, 1991 Y	3. TIME OF DEATH 6:30 p
The same of the sa	5. SEX 6. AGE 1 🖾 M 2 🗆 F 89		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, ) June 8	th , 1901	BIRTHPLACE (State or Foreign Country)  N. Y.
9a. FACILITY NAME (If not institution, give stre College Manor	et and number)	9		erville	EATH		of DEATH altimore
10e. STATE 10b. COUNTY Md. Bal	timore	10c. CITY, 1	Luthe:	rville			10d. INSIDE CITY LIMITS? 1 YES 2X NO
300 W. Seminar	y Ave.		101	21093		10g. CITIZE	U S A
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ABMED 2 NO DATES	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specifi	n, Puerlo Rican, e		RACE — American Indian, Black, Whita, etc. Specify: White
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		life. Do NOT use i	k done durina mo	ON st of working		of Business/INDUS	
17. FATHER'S NAME (First, Middle, Lust) Henry Herman	n Mangels				ME (First, Middle, i eidt St		
19a. INFORMANT'S NAME (Type/Print) Mr. William A. M.	angels			nd Number or Aurel nd Road		or Town, State, Zip Co n, Md.	21204
20s. METHOO OF DISPOSITION 1 Durisl 2 Cremetion 3 Remove	ral from State	bb. PLACE ANO DATE Of cemetary, crematory or	other place)	<sup>(Name</sup> netery	DATE 2	Garrisor	
21. SIGNATURE OF PURCHAL SERVICE LICE SHETTIAN	Shyry.			CHELL-WI O York R		HOME, IN	
shock, or heert fellure. L.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Arterio DUE TO (OR AS	SCIETOTIC A CONSEQUENCE OF):  A CONSEQUENCE OF):	Cardio	vascular	Disease	e	Interval Betwee Onset and Deat 10 Years
PART II. Other significent conditions	contributing to deeth	but not resulting in	the underlyin	g ceuse given in	Part i. 24a.	MAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Coronary and Ren	al Insuffic		ltiple	Cerebrov	ascular —	YES 2X NO	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (C)	neck only one)		
	1 inpatient 2 ER/Ou 28a. DATE OF INJURY	tpetient 3 DOA 4	OF 28c. IN.	S G Residence		My) Retire	ement Home
Natural 5 Pending 2 Accident Investigation	None None	None	M 1 🗆	PRK? YES 2 NO	No in	jury caus	sing death
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm, str eclly)	eet, factory, offic	•	261. LOCATION City or Town	(Street and Number or n, State)	Rural Route Number,
TOTIOCA OTHY	IAN: To the best of my kno						l. cause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	hat HI	m		D 085			signeo (Month, Day, Year) ay 21, 1991
30. NAME AND ADDRESS OF PERSON WHO Charles E. Ellico		PEATH (ITEM 27) (Type, F 163 Stanmo		Balti	more, M	d. 2123	12
31. DAT MAY 3 1 1991	32. REGISTRAR'S SIG						

	24
60,	within
( 687	executed
2	2
8	cate
Ó	certif
d O	death
ŏ	ap
2	that
RECO	requires
_	AW.
¥	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
5	R

HOSPITAL

14659 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 5 YEAR 26 91 Charlie Manley 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 | F MONTHS DAYS HOURS 23-24-9955 North Carolin as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR **Baltimore** 618 N. Fulton Avenue 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY XX YES 2 NO Maryland
100. STREET AND NUMBER Baltimore FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21217 618 N. Fulton. Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify: FORCES? 1 F YES 2 1 Never Married 2 Married BY 3 Widowed 4 Divorced WW2 Black COMPLETED 16e. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade College (1-4 or 5+) Elementary/Secondary (0-12) Carpenters Helper 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unk. Unk. 38 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21212 2 Maryland Fulton Ave. Baltimore, Carrie Lawson Pe 20s. METHOD OF OISPOSITION

1 Depuries 2 Cremetton 3 Removal from State
4 Donetion 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE must Md Mills Owings Forest VEt. Cem examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY 638 N.Gilmor ST. Brus Leroy Harris F/H Md 21217 Baltimore medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate Interval Between shock, or heart fellure. Liet only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finel the disease or condition\_ 45 CARd resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): ER eunia CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury K DUE TO (OR AS A CONSEQUENCE OF): that initiated events reculting in death) LAST 0 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE BR: VASCERCE-23 shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO has been s Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Item this certificate h HOSPITAL: OTHER: 1 YES 2 NO nt 2 ER/Outpatient 3 DOA me 5 Residence 6 - Other (Specify) 6 26s. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending м 1 YES 2 NO BY After t Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) L DIRECTOR: After de litem 28 is r 3 Suicide 6 Could not be determined ED 4 Homicide E 29s. CERTIFIER

(Change park)

(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner so stated. COMPL FUNERAL within 72 I = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. IMPORTANT Andle 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, ATTENDIONE OF 표 AJAIA S. SID Helmo. 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 01

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g physician.	be detached for use as the burial-transit permit. Pages 1, 2, 3		
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d by the hospi	uid be detached		ed at once.
th. Page 6 may be retained by	or, page 5 shou		ust be notifie
death. Page 6	d by the attending physician and completely filled in by the funeral director, page 5 should be de	-i	them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
24 hours after	y filled in by th	al, cremation, or remove	the medical
executed within	and completely	o burial, crema	matic event,
.N. The law requires that the death certificate be executed with	nding physiclan	Hygiene prior to b	or other trau
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The faw require	INFICTOR: After this certificate has been signed by the	te Dept. of He.	ım 23 shows
G PHYSICIAN:	er this certifical	th with the Sta	larked, or its
ATTENDIN	CTOR: Aft.	after dea	28 Is m
8	H	onu	H

91 14660 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH nusil6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 9c. COUNTY OF DEATH BALTO. CO. DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LJMITS? PARKVIULE 1 VES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 212 3 UNITE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cultur, Maxican, Puerto Rican, etc.) 11, MARITAL STATUS 14. RACE - American If yes, specify Cuber; 1 Never Merried 2 Marrie IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION 15. OECEOENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) URCHASING 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) DERICK BE 19b. MAILING ADDRESS (Str. 2 METHOD OF DISPOSITION 20c. LOCATION -- City or To 20h PLACE AND DATE OF DISPOSITION (Name 2 Cremetion 3 Re ACKVILL 4 Oonation 6 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICENSEE OF FACILITY EVANS complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arm. List only one cause on each line. 23. PAST I. Enter the diseases, or shock, or heart failure **Approximate** interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition esporatay resulting in death) OUB TO (OR AS A CONSEQUENCE OF) 6ma retactation GIACO CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 PHO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 - Residence 6 - Other (Specify) 27. MANNER OF CEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be 4 Homicide determined 29a, CERTIFIER ath occurred at the time, data and place, and due to the cause(s) and LE OF 29d. DATE SIGNED (Month, Day, Year) 29c LICENSE NUMBER BE 10 2 TED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S STOTATURE DE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last)													
CHRISTOPHER	MRO?	Linsk						2. DATE O	DE DEATH	w 19	9 <sup>1</sup> 1°	-	e of death 44 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE C	F BIRTH		8. BIRTH	PLACE	(State or Foreign
212 08 6461	1 <b>≤</b> M 2 □ F	22	YRS.	MONTHS	DAYS	HOURS	MIN.	DO	-211°	368	Rot	175	LA.
9s. FACILITY NAME (If not institution, give stre		т		9b. CITY,		OR LOCATIO		EATH	,	9c. COUN			
PENINSULA GENERAL	HOSPITA	<u></u>		26	thi	200	JRY			Wi	Cor	11	02
10a. STATE 10b. COUNTY			10c. CIT	TY, TOWN O	R LOCAT	TION			_			10d. IF	ISIDE CITY
Marylan RALT	78000		6	ARA	172								MITS? IES 2 DE NO
10e. STREET AND NUMBER	111 WKZ			11/20		1. ZIP CODI	E			10g. CITIZ	EN OF V		
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1 Nover Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2	NO	1	If yes, sp		n, Mexica	in, Puerto R			Speci	c, White	, etc.
3 Widowed 4 Divorced	11 120, 0172 1	AIT OIT DATES				2 30 110	Specif	y.		- 1	(4)	, H.	TS
15. DECEDENT'S EDUCA	ATION	16a. I	DECEDENT'S	S USUAL OC	CCUPATION	ON		16b.	KIND OF BU	SINESS/IND	JSTRY		
(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+		(Give kind of life. Do NOT u	work done o	aunng mo	ost of worker	ng						
12 YRS.								16	MAIT	T Fo	000	I	inc.
17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, M	liddle, Meiden				
LARMAN J	FOR	02,08	Ki			\ \(\sqrt{\chi}	320.	M	AQ.	AMS			
19a. INFORMANT'S NAME (Type/Print)				G ADDRESS	S (Street a			Route Numb	er, City or Tow		Code)		
FAMILY RECO	209		52	ams	0	25	930	SVS.					
20a. METHOD OF DISPOSITION		20b. PLA0	CE ANO OAT	E OF OISP	OSITION			OATE		CATION (	City or To	wn, Sta	te .
1.5 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State	Cometa	Comator	y or other p	lace)	TIP	7	5-1	SI R	000	21	(2)	
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			22.	NAME A	NO ADDRE	SS OF FA	CILITY	0	0.00	1		-
								LOF	1 120	GRIT	5		
23. PART I. Enter the diseeses, or co	1 mas			8	380	O HE	ARFO	SEO K	040-	TAR	(KI)	36	
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IMMEDIATE CAUSE (Finel disease or condition	Let pnly pnetbeu	(OR AS A CONS	ne.	on .	the mo	ode of dy	ing, aud	th as card	lac or resp	iratory arm	est,	- 1	nterval Betwe
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First Middle, Last) 2. DATE OF DEATH TNNA KOFF 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH A. BIRTHPLACE (S RUSSIA 11722/1897 DAYS HOURS 93 220-42-6866 1 M 2 W 9s. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SINAI HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10b. COUNTY MARYLAND BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 5516 CADILLAC AVE. 21207 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, etc. If yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 Marrie Specify. BY 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) AT HOME 10 HOUSEWIFE 17. FATHER'S NAME (First, Middle, Lest)
ISAAC SHAPIRO 18. MOTHER'S NAME (First, Middle, Maiden Surname) LIBBY KOLCHINSKY notified at BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5516 CADILLAC AVE. BALTIMORE, MD 212 19s. INFORMANT'S NAME (Typ 5 BALTIMORE, MD MR. EDWIN MELNIKOFF 21207 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION OATE 1 Description 2 Cremetion 3 Remove from State BNAI ISRAEL 5/29/91 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. Muan 6010 REISTERSTOWN RD. BALTO MD 21215 23 PART / Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finel disease or condition UNKNOW resulting in death) NENOWI CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL COMPLETION OF CAUSE 23 shows any 1 | YES 2 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Item EXAMINER? HOSPITAL: OTHER: patient 2 - ER/Outpatient 3 - DOA 4 🗆 Nun me 5 - Rasidence 6 - Other (Specify) a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Natural Accident 5 Pending 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kno death occurred at the time, dats and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the 29b. SIGNATURE AND TITLE OF CERTIF 294, DATE BIGNED /Mo with Day West BE 2

Julia Davidson-Ranghall

32. REGISTRAR'S SIGNATURE Y 3 1 1991

5 6 8

31. DATE FILED (Month, Day, Year)

YEAR

27-9

-07

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

GEORGIA

Rebeccu

138-20-3508

Moss 5. 9EX

1 - M 2 F

MONTHS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

DAYS

6. AGE (In yrs. last birthday)

YRS.

83

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

MARXLAND BALTIMORE    10	I. INSIDE CITY LIMITS?
Secondary   Seco	YES 2 X NO
Sequentially list conditions, if yes, alve war on dates  1	COUNTRY?
Security   Security	American Indian, hita, etc.
DAVID DAVIS  198. MAILING ADDRESS (Street and Number or Repail Route Number, City or Town, State, Zp Code)  199. MAILING ADDRESS (Street and Number or Repail Route Number, City or Town, State, Zp Code)  199. MAILING ADDRESS (Street and Number or Repail Route Number, City or Town, State, Zp Code)  199. MAILING ADDRESS (Street and Number or Repail Route Number, City or Town, State, Zp Code)  199. MAILING ADDRESS (Street and Number or Repail Route Number, City or Town, State, Zp Code)  190. MAILING ADDRESS (Street and Number or Repail Route Number, City or Town, State, Zp Code)  190. MAILING ADDRESS (Street and Number or Repail Route Number or Russian, Zp Code)  190. MAILING ADDRESS (Street and Number or Russian, Zp Code)  190. MAILING A	CENTER
100   No. INFORMANT'S MAME (PypoPrint)   1   100   No. INFORMANT'S MAME (PypoPrint)   2   100   No. INFORMANT'S MAME (PypoPrint)   No. INFORMANT	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	
SOL LEVINSON & BROS, . INC. 6010 REISTERSTOWN RD. BALTO., M 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions.  Immediate cause. Enter UNDERIVING CAUSE (Disease or Injury that initiated events resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQ	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A C	21215
PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  2 NOTHER:  1 YES 2 NO  2 NOTHER:  1 Number of DEATH 1 Name of DEATH 1 Number of DEATH 2 Number of DEATH 2 Number of DEATH 2 Number of DEATH 2 Number of DEATH 2 Number of DEATH 2 NUMBER of DEATH 2 NOTE: 2 NO 2 NOTE: 3 NO 3 NOTE: 3 NO 3 NO 3 NO 3 NO 3 NO 3 NO 3 NO 3 NO	FRE AUTOPSY FINDING
## 27. MANNER OF DEATH  1. Maturel 5   Pending   28s. DATE OF INJURY   28s. TIME OF INJURY AT WORK?  2   Acrident   Investigation   28s. Place of Injury   28s. DATE OF INJURY   28s. INJURY   28s. INJURY   28s. INJURY   28s. INJURY   28s. DESCRIBE HOW INJURY OCCURED  2   Acrident   28s. DATE OF INJURY   28s. TIME OF INJURY   28s. INJURY   28s. DESCRIBE HOW INJURY OCCURED  2   Acrident   28s. DATE OF INJURY   28s. INJURY   28s. INJURY   28s. DESCRIBE HOW INJURY OCCURED  2   Acrident   28s. DATE OF INJURY   28s. INJURY   28s. INJURY   28s. DESCRIBE HOW INJURY OCCURED  2   Acrident   28s. DATE OF INJURY   28s. INJURY   28s. INJURY   28s. DESCRIBE HOW INJURY OCCURED  2   Acrident   28s. DATE OF INJURY   28s. INJURY   28s. DESCRIBE HOW INJURY OCCURED  2   Acrident   28s. DATE OF INJURY   28s. INJURY   28s. INJURY   28s. DESCRIBE HOW INJURY OCCURED  2   Acrident   28s. DATE OF INJURY   28s. INJURY   28s. DATE OF INJUR	AILABLE PRIDE TO MPLETION OF CAUSE DEATH? YES 2 NO
## 27. MANNER OF DEATH  1. Maturel 5   Pending   28s. DATE OF INJURY   28s. TIME OF INJURY AT WORK?  2   Acrident   Investigation   28s. Place of Injury   28s. DATE OF INJURY   28s. INJURY   28s. INJURY   28s. INJURY   28s. INJURY   28s. DESCRIBE HOW INJURY OCCURED  2   Acrident   28s. DATE OF INJURY   28s. TIME OF INJURY   28s. INJURY   28s. DESCRIBE HOW INJURY OCCURED  2   Acrident   28s. DATE OF INJURY   28s. INJURY   28s. INJURY   28s. DESCRIBE HOW INJURY OCCURED  2   Acrident   28s. DATE OF INJURY   28s. INJURY   28s. INJURY   28s. DESCRIBE HOW INJURY OCCURED  2   Acrident   28s. DATE OF INJURY   28s. INJURY   28s. INJURY   28s. DESCRIBE HOW INJURY OCCURED  2   Acrident   28s. DATE OF INJURY   28s. INJURY   28s. DESCRIBE HOW INJURY OCCURED  2   Acrident   28s. DATE OF INJURY   28s. INJURY   28s. INJURY   28s. DESCRIBE HOW INJURY OCCURED  2   Acrident   28s. DATE OF INJURY   28s. INJURY   28s. DATE OF INJUR	
3 Suicide 6 Could not be determined determined Duriting to (Specific Street) and Number of Purel Pour City or Rown, State)	
	Mumber.
29s. CERTIFUEN  CONCIONAL TO the best of the treet of the treet of the time, date and place, and due to the causa(s) and manner as stated.  (Check only 2 MEDICAL EXAMINER: On the basis of examination and/or threetingston, in my optimion, death occurred at the time, date and place, and due to the causa(s) as	
396. LICENGE MUMBER 394. DAYE SHONED IN	d manner as stated.
D37949 5-2"	CONTRACTOR CONTRACTOR
540 Old Coxv + Road Randalls town, Manyand 2113 31. DATE FILED (MONTH, Day, Year)  32. REGISTRAN'S SIGNATURE  MAY 31 1991 Live Knight Randalls  Registran's Signature	CONTROL OF THE STREET

STATE OF MARYLAND / D	<b>EPARTMENT OF</b>	HEALTH AND	MENTAL	HYGIENI
CEF	RTIFICATE O	F DEATH		REG. NO.

1 -	FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	
1. 0	KERMIT C.	NORRIS			May 2 7	1991 9 P M
	SOCIAL SECURITY NUMBER 212-28-7435	1X□XM 2 □ F	yrs. last birthday) IF UN MONT.	IDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	* DATE OF BIFTIN (Mognity Cole; York) 10-12-05	8. BIRTHPLACE (State or Foreign Country)  M D
- 1	FACILITY NAME (If not institution, give a 420 E. PENNS			BALTIMORE,	EATH 9c. C	COUNTY OF DEATH
	STATE 106. COUNT	Y		N OR LOCATION I MORE, CIT	ГҮ	16d. INSIDE CITY LIMITS? 1 \( \frac{1}{2} \) \( \frac{1}{2} \) NO
	STREET AND NUMBER	LVANIA AV	ENUE	10f. ZIP CODE 21204		CITIZEN OF WHAT COUNTRY?
3 3 3	MARITAL STATUS  Never Married 2 Married  Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FDRCES? 1 YES IF YES, GIVE WAR OR DAT	2 ND	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Specif		14. RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLEIED 12.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 6 t h	CATION completed) Coffege (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work de life. Do NOT use retin	one during most of working ad.)	16b. KIND DF BUSINESS	/INDUSTRY
17.	FATHER'S NAME (First, Middle, Lest) THOMAS NORRI	S		18. MOTHER'S N. MAR'	AME (First, Middle, Maiden Surnam Y JOHNSON	(0)
7 190	GENIEVE) GENE	VIEVE COOPE			Acute Number, City or Town, State, BALTIMORE,	
10	METHOD OF DISPOSITION  Surial 2 Cremation 3 Ren Donation 5 Other (Specify)	loval from State	LEASANT F	(Name of cemetery, crematory or REST CEMETE	RY TOWSO	H — City or Town, Stata
21.	SIGNATURE OF FUNERAL SERVICE LI	CHARLE		TALE MARCH		E. NORTH AVE.
district of the care of the ca	shock, or heart fellure.  MEDIATE CAUSE (Final sease or condition suiting in death)  Advantisity list conditions, sny, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST	Meta	CONSEQUENCE OF:	e Cou	leire unom	Interval Between Onset and Death
	RT II. Other significant condition	ns contributing to death bu	t not resulting in the	underlying cause given in	Part I. 24a. WAS AN AUTOP PERFORMED? 1 1 YES 2	AMAILABLE PRIOR TO
25.	WAS CASE REFERENCE TO MEDICAL	HOSPITAL:	OTI	26. PLACE OF DEATH (O	Meck only one)	
27.	MANNER OF DEATH	1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 26c. INJURY AT WORK?	6 Other (Specify)  28d. DESCRIBE HOW INJURY	OCCURED
n i	Defural   5   Pending   Investigation   3   Suicide   6   Could not be   determined	28e. PLACE OF INJURY building, etc. (Speci	At home, farm, street,	1 YES 2 NO	28f. LOCATION (Street and Nur City or Town, State)	mber or Rural Route Number,
294	CERTIFIER (Check only one) 1 CERTIFYING PHYS	ER: On the basis of axamination			a to the cause(s) and manner as e time, date and place, and due t	s stated. to the cause(s) and manner as stated.
	NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)	D-09	383 ×	5-27-9/
31.	DATE FILED (Month, Day, Year)  MAY 31 1991	22. REGISTRAR'S SIGNA Juna Davidson	10-250 TURE Randelle	1 York Rd	-lowson	md -21204

	permit	
physician.	attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit smal Hygiene prior to burial, cremation, or removal.	
attending	use as the	
death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	detached for	once.
5	2	F
retained	5 should	ry, or other traumatic event, the medical examiner must be notified at once.
тау бе	e bade	ist be i
Page 6	directo	ner mu
death.	e funera	ехаші
affe	by th	Ical
SING	lled in	реш 6
N.	ly fill	\$
d withi	. crem	event.
execute	and co burial	natic
2	clan ior t	Tale.
rtificate	attending physician and completely filled in by the ental Hygiene prior to burial, cremation, or removal.	ther t
9	Hydin	0 7
death	after	N. O

BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

requires that the death certificate be executed within the signed by the all the signed by the all the signed with the signed s TO THE HOSPITAL OR ATTENDING PASTO TO THE FUNERAL DIRECTOR: After 1 to be filed within 72 hours after death IMPORTANT: If Item 28 is marked

12

DIVISION OF WITH RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART	MENT OF HEALTH AND CATE OF DEATH		HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	NEAL	Ε.	NEAL	2. DATE OF MONTH	DEATH DAY	29	97	3. TIME OF DEATH SUSAM
	4. SOCIAL SECURITY NUMBER 213-26-5745	5. SEX A. AGE (I	CLEAR .	IF UNDER 1 YEAR IF UNDER 24 HRS. RONTHS DAYS HOURS MIN.	7. DATE OF (Month, D JAN.			Country	PLACE (State or Foreign ) IARYLAND
OR		98, FACH ITY NAME (If not institution, also street and number)  96. CITY, TOWN OR LOCATION OF DEATH  97. COUNTY OF DEATH  98. CITY, TOWN OR LOCATION OF DEATH  98. CITY, TOWN OR LOCATION OF DEATH  99. COUNTY OF DEATH							
DIRECTOR	10a. STATE 10b. COUNTY	7	10c. CITY,	TOWN OR LOCATION	•			Т	10d, INSIDE CITY
	MARYLAND BA	ALTIMORE		BALT IMORE					LIMITS?
ERAL	100. STREET AND NUMBER 1102 FOXWOOD LANE	3		10f. ZIP CODE 21221				S.	A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Spec	an, Puerto Rici		or No—		- American Indian, , White, etc.
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ISUAL OCCUPATION ork done during most of working retired.)	16b. K	IND OF BUSI	INESS/INDU	JSTRY	
2	Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA	WAIT	RESS		REST	'AURAI	NT	
SON	17. FATHER'S NAME (First, Middle, Last)	T 2		18. MOTHER'S N	AME (First, Mid				
BE	JAMES LACKEY				ANNA G				
2	190. INFORMANT'S NAME (Type/Print)  CHARLES E. NEAL J	R. (SON)		ADDRESS (Street and Number or Rural FOXWOOD LANE, B					
	20s. METHOD OF DISPOSITION 12 Burlal 2 Cremation 3 Rem	coval from State C	PLACE OF DISPOSI	TION (Name of cometery, crematory or ART OF JESUS CE		20c. LOC	ATION — C	Ity or To	The state of the s
	4 Donation 5 Othe (Specify)		ACKED HEA	22. NAME AND ADDRESS OF F	ACILITY		LTIM		MD.
	· / hind	-		SCHIMUNEK FU 3331 BREHMS	NERAL				21212
	23 PART I. Enter the discasses, or	complications that ceused List only one cause on e	tha death. Do no						Approximete interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Pulmon	VARU CONSEQUENCE OF	EDEMA					Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	CAD	CONSEQUENCE OF				p		
MEDICAL	PART II. Other algorificant condition MALNUTRI ANEMIA		ut not reaulting in	n the underlying cause given in		4a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (C	Check only one)				
YSIC	1 TYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outs	patient 3 DOA	OTHER: 4 Nursing Home 5 - Residence	6 🗆 Other (	Specify)			
	27, MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJURY AT WORK?  M 1 VES 2 NO	26d. DEŞCI	RIBE HOW IP	JURY OCC	CURED	100
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY building, atc. (Spec	7 — At home, farm, st		281. LOCAT City or	ION (Street a Town, State)	nd Number	or Rural I	Route Number,
COMPLETE	one) —			d at the time, data and place, and do					a) and manner as stated.
BE	250. SUGMAZERINE AND TITLE OF CENTRE	Richa	od Ben	rettan DZ	S46		29d. OATE	SIGNED	(Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WI	DEASTERN	ATH (ITEM 27) (Type,	BALTO,	MI	2312	734	1	
	31. DATE FLED (Month, Del Year)	1 1991 Juli	a Davidson-1	Pandelle					

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ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I			GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH		3. TIME OF DEATH
-	PHILLIP L. NO	TTINGHAM				MONTH	29	91	2:18 M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday	) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF	TH	8. BIRTI	HPLACE (State or Foreign
	219-30-6604	M 2 🗆 F 57	7 YAS.	MONTHS DAYS	HOURS MIN.	MAY 21	,1934		TIMORE
OR	9a. FACILITY NAME (If not institution, give st HARBOUR HOSPITAL	· ·			OR LOCATION OF D	EATH /	9°c. C0	OUNTY OF I	DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. C	ITY, TOWN OR LOCA	TION				10d. INSIDE CITY
8	MARYLAND		ВА	LTIMORE					1 TY YES 2 NO
7	10e. STREET AND NUMBER			-	H. ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?
FUNERAL	2506 WEST PATAPS	CO AVENUE	APT IR		21230		7.7	S.A.	
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER	200 0 0	13 WAS DE	CENDENT OF HISPA	NIC OBIGIN2 (See		-	E — American Indian,
ВУ	1 Normal 2 Married 3 Widows 4 Divorced	FORCES? 1 YES	2 NO	If yes, s	pecify Cuban, Mexico S 2 1 NO Specif	en, Puerto Rican,		Spec	ok, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT	'S USUAL OCCUPAT	ION	16b. KIND	OF BUSINESS/	INDUSTRY	
<u>_</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	of work done during m use retired.)	ost of working				
4	9th GRADE		SECURT	TY GUARD		USF	& G		
2	17. FATHER'S NAME (First, Middle, Last)		DECORE	II COIND	16. MOTHER'S N	AME (First, Middle,	Maiden Sumemi	n)	
	HARRY GORDON							-/	
BE	19a. INFORMANT'S NAME (Type/Print)		405 114 11	IO ADDRESS (Over-	and Number or Rural	PERRY		7 0 11	
2	ELSIE M. GORDON								NT 10 01000
	20a. METHOD OF DISPOSITION			TE OF DISPOSITIO			20c. LOCATION		ORE,MD 21230
	1 XBuriel 2 Cremation 3 Remo	oval from Stata o	f cemetary, cremato	ory or other place)					own, stata
	4 Donation 5 Other (Specify)		LOUDON P.	ARK CEME	TERY	6/3	BALTI	MORE	
		<b>一</b> ,			RD FUNERA		TNC.		
	Delund:	tinhan						DE N	D. 21229
1	23. PART I. Enter the disesses, or o								Approximate
3	ahock, or heart fellure.	List only one cause on	ssch line.						Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	450	WD	0000000	00000				Onset and Death
- 1	resulting in death)	DUE TO (OR AS	A CONSEQUENCE	00:	ARREST	,			
	2	20L 10 (011 NO	A GONGE GOLINGE	Ot j.					
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE	OF:					
ATI	if any, isading to immediate cause. Enter UNDERLYING	202 10 (0							
일	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE	OFI-					
Ē	that initiated events resulting in death) LAST	502 10 (011 10	A CONSEQUENCE	Oi j.					
<b>斯</b>		d					- 10	_	
_	PART II. Other algnificant condition	s contributing to deeth	but not reaultin	g in the underlyi	ng ceuse given ir	Part I. 24a.	WAS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS
8							PERFORMED?	-	AMILABLE PRIOR TO COMPLETION OF CAUSE
					-	''	YES 2 NO		OF DEATH?
Σ	-								1 YES 2 NO
Z									. 17
ठ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck Only one)		-	
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Ou	rtpetient 3 🗆 DOA		me 5 🗆 Residence	6 Other (Spec	city)		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	(Month, Day, Year)	7 28b. 1	TIME OF 28c, IP	IJURY AT	28d. DESCRIBE	E HOW INJURY	OCCURED	
ВУ	1 Natural 6 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO	1 4			
0	3 Suicide 6 Could not be	26a. PLACE OF INJUR building, etc. (Sp		n, street, factory, off	Ice	26f. LOCATION City or Tow	(Street and Nun	nber or Rural	Route Number,
TE	4 Homicide determined					- in tow	,,		
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wieden death con	urrad at the time de	is and place, and di-	in to the country	and manner or	etwied	
MP	one)	R: On the basis of examinati							(a) and manner as stated
00			on annual myestigi	in my opinion,	wearii occured at th	e come, water and p	710 GUE T	o trie cause	(a) and mainer as sumed.
BE (	29b. SIGNATURE AND TITLE OF GENTIFIED	-	10		29c. LICENSE NU	IMBER	29d.	DATE SIGNE	D (Month, Day, Year)
	To fills	on no. E.	R/hist	1000				3/	29/91
10	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	DEATH (ITEM/27) (7)	rpe, Print)			7	1	7 7

HARBON HOSE EMERGENTY

32. REGISTRAR'S SIGNATURE

Shia Davidson-Rendere

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

FOR 1 - STATE REGISTRAR	STATE OF M		FICATE OF	DEATH			
1. DECEDENT'S NAME (First, Middle, Last)		CERTII	FICALE OF	DEATH	REG.		3. TIME OF OEATN
SOPHIE		NIZE	-		MAY	29 1991	EAR
4. SOCIAL SECURITY NUMBER 217-14-9352	1 🗆 M 2 💢 F	6. AGE (In yrs. last birthday,	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Yea	22	BIRTNPLACE (State or Foreign Country) MARYLAND
815 Leesyood R			Belair	OR LOCATION OF C	DEATN	HARE	
10a, STATE 10b, COUNT	r reord		TY, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
104. STREET AND NUMBER  815 Lecsusod			101	1. ZIP CODE 21014		10g. CITIZER	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT	T EVER IN U.S. ARMEO YES 2 NO AR OR DATES	if yee, sp	ENDENT OF NISPA	ANIC ORIGIN? (Specifican, Puerto Rican, etc.	Yea or No— 14	. RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind o	S USUAL OCCUPATION work done during mouse retired.)	ON ost of working	186, KIND OF	BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Last)	2.5=1141			D	AME (First, Middle, Me	iden Sumame)	201110-
ANTHONY T	KUTHAN		IG ADDRESS (Street )	Doint	SC \\Q I Route Number, City or		NOWICZ
Family Record	D5	71111111111	me As	ABOVS		Town, oldie, Esp oc	
20a. METNOO OF DISPOSITION 1	noval from State	20b. PLACE AND DA	TE OF DISPOSITION		10.0	LOCATION - CITY	y or Town, State
· 100	/\						
23. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition	List only one ceu	se on each line.	not enter the mo	ode of dying, su	ch ss cerdiec or r	Times Times espiratory arres	t, Approximate interval Betw
23. PART i. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Final	e. COTOMOR  DUE TO  DUE TO	to caused the deeth. Do se on each line.  HUGCA  OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	on or enter the modial in soft	ode of dying, su	ch ss cerdiec or r	Times Timesus espiratory arres	t, Approximate interval Betw
23. PART i. Enter the disease, or shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. COTOMOR  DUE TO  DUE TO  DUE TO	OR AS A CONSEQUENCE	on order the months of the second of the sec	ode of dying, su	n Part I. 24a. WA	S AN AUTOPSY REORMED?	Approximate Interval Betw Onset and D  COLUMN  24b. WERE AUTOPSY FINDI MAILABLE PRIOR TO
23. PART I. Enter the disease, or shock, or heert feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	e. COTOMOR  DUE TO  DUE TO  DUE TO	OR AS A CONSEQUENCE	on of enter the months of the second of the	ig cause given i	n Part I. 24a. WA. PEI	S AN AUTOPSY SFORMED?	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAU- OF DEATH?
23. PART i. Enter the disease, or shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. COTOMAN  DUE TO  DUE TO  DUE TO  HOSPITAL:	OR AS A CONSEQUENCE	onot enter the monotonic of the monotoni	ng cause given i	n Part I. 24a. WA PEI 1 YE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
23. PART i. Enter the disease, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	e. COTOMAN  DUE TO  DUE TO  d. DUE TO  d. HOSPITAL: 1   Inpetient 2    28a. DATE OF (Month, D.)	GR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resulting	onot enter the months of the second of the s	ing cause given in the second of the second	n Part I. 24a. WAPEI 1 YE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
23. PART I. Enter the disease, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN	e. COTOMOR  DUE TO  DU	GR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resulting	OF):  OF):	ede of dying, such control of the co	n Part I. 24a. WA PEI 1 YE	S AN AUTOPSY REFORMED? S 2 NO	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
23. PART I. Enter the disease, or shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Hatural 5 Pending Investigation  2 Accident   Suicide   Could not be detarmined of the county	e. COTOMAN  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  Ans contributing to  POSPITAL:  1   Inpetient 2    28e. PLACE Obuilding,	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	onot enter the monotonic property of the sectors of	ng cause given i	n Part I. 24a. WARPET I YE 24b. Check only one)  26d. DESCRIBE N 26d. DESCRIBE N 26d. LOCATION (S City or Fown, S Location of the cause(a) and the cause(b) and	S AN AUTOPSY NFORMED? S 2 NO  DW INJURY OCCUPATED AND AND AND AND AND AND AND AND AND AN	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
23. PART I. Enter the disease, or shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Hatural 5 Pending Investigation  2 Accident   Suicide   Could not be detarmined of the county	e. COTOMOR DUE TO DUE T	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	onot enter the monotonic property of the sectors of	ng cause given i	n Part I. 24a. WA PEI 1 YE  Check only one)  6 Other (Specify 28d. DESCRIBE N 26f. LOCATION (S City or Town, s)  us to the cause(s) and the time, data and place	B AN AUTOPSY IFORMED?  S 2 NO  OW INJURY OCCUPATED AND AUTOPSY IFORMED?  If menner as attated as, and due to the desired and the second autopsy in the sec	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO

32. REGISTRAR'S SIGNATURE his Davidson-Randall

DHMN-16 Rev 1/89

31. OATE FILED (Month, Day, Year)
MAY 31 1991

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	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. OECEDENT'S NAME (First Middle, Last)		CERTIFI	CATE OF	DEATH		REG. NO	).	
	SHIRLEY M. F	DADUTAL	,				9 9	SAR 12 12 12
4. SOCIAL SECURITY NUMBER ( 5	SEX 6. ACE	- Inst birthday)	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 I	IIIN. (A	ATE OF BIRTH Horith, Day, Year) -3-1926	8.	BIRTHPLACE (State or Foreig Country) PENNSY LVANTA
9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION		0 1720		Y OF DEATH
MERCY MEDICAL CENT	TER		BA	LTIMOR	E_CIT	У		
10a. STATE 10b. COUNTY	NTGOMERY	10c. CITY	TOWN OR LOCA		FORD			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 214 HAMLIN AVENUE			10	f. ZIP CODE	8969		10g. CITIZE	U.S.A.
11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Olvorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 ( NO	If yes, s	ecify Cuban, R		IIGIN? (Specify Virto Rican, etc.)	14 or No.—	I. RACE — American Indian, Black, White, etc. Specify: WHITE
	mpleted) College (1-4 or 5+)	ille. Do NOT use	ork done during m retired.)	ON pat of working		16b. KIND OF B		BTRY
11 VFARS 17. FATHER'S NAME (First, Middle, Last) WILLIAM KRAUSE	N/A	VIEL	ICIAN	18. MOTHER	ALICE	ret, Middle, Maide M. TRU	LTH CA MBAUER	KE
190. INFORMANT'S NAME (Type/Print) MERRILL L. PARVIN		196. MAILINO . 214 HAI	ADDRESS (Street	and Number or ENUE	Rural Route	Number, City or To	wn, State, Zip Co NNSYLV	ANIA 18969
20a, METHOD OF OISPOSITION 1	al from State S7	PLACE OF DISPOSI	TION (Name of ca	metery, cremeto	M. 6-	3-91 R	OCATION — CR	y or Town, State L PENNSYLVAN
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Card	2	<sup>22.</sup> DUD 792	A-RUCK 2 WISE	FUNE	RAL HOM UE DU	E OF D INDALK,	UNDALK, INC
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ASPIVAN	CONSEQUENCE OF	pue			n et	ro Les eq	Onset and D
PART II. Other significant conditions of	contributing to death bu	it not resulting in	n the underlyis	g cause glv	en in Part		PRMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2/10 NO
25. WAS CASE REFERRED TO MEDICAL			26. 1	LACE OF GEAT	TH (Check or	ly one)		
	IOSPITAL: ER/Outpa	itlant 3 DOA	OTHER: 4   Nursing Ho	ne 5 🗆 Reald	lence 6 🗆	Other (Specify)		
27. MANNER OF DEATH  1/ Natural 6 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	JRY W	JURY AT ORK? YES 2 1 1		DESCRIBE HOW	INJURY OCCU	RED
3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Speci	— At home, farm, s	treet, factory, offi	200	281.	LOCATION (Stree City or Yown, State		Rural Route Number,
enel city	AN: To the best of my knowle On the basis of examination							i. cause(a) and manner as state
296. AIGNATURE AND THEE OF CERTIFIER	Sre	ere.	mo	Put	SE NUMBER		29d. DATE 1	SIGNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO C	Paul	TH (ITEM 27) (Type,	Print)	13	alt	L. N	7D.	

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

000

	PRE	S S	Car k		,				2. DATE OF DEATH MONTH MAY 29	DAY	YEAR	6:17 P
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7 DATE OF BIRTH			PLACE (State or Foreign
214-72-6552		1 □ M 2XX F	33	YRS.	MONTHS	DAYS	HOURS	MIN.	10-25-19			iryland
THE JOHNS H	L				MORE			9c. COUNTY OF DEATH BALTIMORE				
RESIDENCE OF DE												
Maryland Baltimore Ba					Baltimore							10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	TIZEN OF Y	VNAT COUNTRY?
6428 Sherw	ood Ro	ad					2123	39		U	.S.A	
					10	yes, sp			NIC ORIGIN? (Specify in, Puerto Rican, etc. y:		a or No- 14. RACE — American Indian, Black, White, atc. Specify: White	
	CEDENT'S EDU		16a.	DECEDENT'S (Give kind of life. Do NOT u	USUAL OC	CUPATIO	ON ast of working	g	16b. KIND OF	BUSINESS/IN		
Elementary/Secondary	(0-12)	College (1-4 or 5		ontra					West	ingho	use	
17. FATHER'S NAME (First, I		McConne.	1						ME (First, Middle, Me ruhn	iden Surname)		
190. INFORMANT'S NAME (				196. MAILING 7317 1					Route Number, City or		(p Code)	44
29a. METHOD OF DISPOSI 14 Burlel 2 Cremeti 4 Donation 5 Othe		noval from State	20b. PLA	CE ANO OAT	E OF OISPO	SITION	(Name	arde	ns 6-1	LOCATION -	- City or To	wn, State
George  23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentisity list condif any, leading to imm ceuse. Enter UNDERLY CAUSE (Disease or in CAUSE (Disease or in Immediate CAUSE (Disease or in Immediate CAUSE (Disease or in Immediate CAUSE (Disease or in Immediate CAUSE (Disease or in Immediate CAUSE (Disease or in Immediate CAUSE (Disease or in Immediate CAUSE (Disease or in Immediate CAUSE (Disease or in Immediate CAUSE (Disease or in Immediate CAUSE (Disease or in Immediate CAUSE (Disease or in Immediate CAUSE (Disease or in Immediate CAUSE (Disease or Immediate	diseases, or heart fellure.	e	OR AS A CON	MCS/SEQUENCE O	not enter				• Baltime			Approximate Interval Betwee Onset and De
that initiated events resulting in desth) LA	-	d	(OR AS A CON			derlyin	g cause	given in				į
PART II. Other significant		_	-	we_						S AN AUTOPSY	248	AMILABLE PRIOR TO COMPLETION OF CAUSE
		au's S	-	me_							248	AVAILABLE PRIOR TO
25. WAS CASE REFERRED EXAMINER?	00359	eau's S	yndro		OTHER	1:		DEATH (C	1 VE	S 2 NO	248	COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5	00359	HOSPITAL:	y nors	3 DOA	4 🗆 Nura	ing Hor 28c. IN W		DEATH (C	1 YE	S 2 NO		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED EXAMINER? 1   YES 2   NO 27. MANNER OF DEATH	TO MEDICAL  Pending investigation	HOSPITAL: IN Inpetient 2 28e. DATE O (Month, I)	ER/Outpetlent	3 DOA	4 Nurs	ling Hor 28c. IN W	JURY AT ORK? YES 2	DEATH (C	1 UYE	DW INJURY O	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5  2 Accident  3 Suicide 8  4 Homicide  29s. CERTIFIER (Check only)	TO MEDICAL  Pending investigation  Could not be determined	HOSPITAL: Inpatient 2 28s. PLACE building	ER/Outpatient FINJURY - At atc. (Specify)	3 □ DOA 28b. Till IN home, farm,	4 Nurs ME OF JURY M street, factored at the ti	t: ling Hor 28c. IN W 1   ory, office me, det	ne 5 Red JURY AT ORK? YES 2 Ces	BEATH (C) BEIDENCE NO NO	1   YE heck only one)  6   Other (Specify)  28d. DESCRIBE H  28f. LOCATION (Si City or Town, S	OW INJURY O	CCURED  er or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5  2 Accident  3 Suicide 8  4 Homicide  29e. CERTIFIER (Check only one) 2 ME  29b. SIGNATURE AND TITE	Pending investigation  Could not be determined  Could not Physical Examination  Could provide the control of the country of th	HOSPITAL: 100 Inpetient 2 26. DATE O (Month, I) 28s. PLACE building	ER/Outpatient F INJURY — Al set. (Specify)  If my knowledge, examination and	3 DOA 29b. TII IN home, farm, death occur	4 Nurs ME OF JURY M street, factor red at the til on, in my o	t: ling Hor 28c. IN W 1 ory, offic me, det	JURY AT ORK? YES 2 [cs and place death occurrence]	BEATH (C) BEIDENCE NO NO	1 YE heck only one) 6 Other (Specify) 28d. DE\$CRIBE H 28f. LOCATION (St City or Town, S e to the cause(s) and e time, data and place	DW INJURY O	CCURED  or or Rural  teted.  ATE SIGNET	ARABABLE PRIOR TO COMPLETION OF CAUSE OF DEATH'  1  YES 2 NO  Route Number,  a) and manner as stated.  C (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the twith be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial. cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

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director,		r mus
JIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should b		sem 28 te marked or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a
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1 - STATE REGISTRAR		CERTIF	ICATE OF DEAT		REG. NO.		1	
1. DECEDENT'S NAME (First, Middle, Last) YOLANDA	i		POLK	M	onth DA	9 1	3. TIME OF DEAT	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER	24 HRS. 7, D	ATE OF BIRTH	I a	. BIRTHPLACE (State or Fo	
577 82 7076	1 M 2 XX 27	7 YRS.	9b. CITY, TOWN OR LOCATION		08 20 19		Washington	
1500 SOUTHVIEW		-17	Oxon HILL	W OF OEATH			CE GEORGES	
10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOCATION	2			10d. INSIDE CITY	
	nce George's	Ox	on Hill			1 No 10g, CITIZEN OF WHAT COUNTRY?		
100. STREET AND NUMBER 1500 South View	Drive # T-17	7	10f. ZIP CODE 20	745		US.		
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	N U.S. ARMED	13. WAS DECENDENT O	, Mexican, Pu		or No — 14	4. RACE — American India Black, White, atc. Specify: Black	
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5 +)	(Give kind of v		g	16b. KIND OF BUS	SINESS/INDUS		
12th		Police	Officer (D	-/		nment		
17. FATHER'S NAME (First, Middle, Lest)  Robert Odell Po	11-		- 317-2		First, Middle, Meiden  Vaughn	Surname)		
19a. INFORMANT'S NAME (Type/Print)	TV.	19b. MAILING	ADDRESS (Street and Number			n, State, Zip C	code)	
Leon James (Hus	sband)	3402-	13th Place,	S.E. #	301; Was	hingt	on, D.C. 20	
20a. METHOD OF DISPOSITION 1   Your 2   Cremation 3   Rec	moval from State of	cemetary, crematory	e OF OISPOSITION (Name or other place)	1			ty or Town, State	
4 Constitute of Funeral Service L		larmony M	emorial Ceme			andov	er, Marylai	
			22. NAME AND ADDRES	S OF FACILIT	Y			
23. PART I. Enter the diseases, or abock, or hart failure unmEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause on e	each lina.	J. B. Je. 7474 La. not antar the mode of dyl	nkins ndover	Funeral Road; I	andov		
ahock, o heart failure unmediate CAUSE (Final disease or condition	a. Gunshar W  DUE TO (OR AS A	each lina.	J. B. Je. 7474 La not antar the mode of dyl Downski	nkins ndover	Funeral Road; I	andov	st, Approxim	
ahock, of heart failure unimediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Gurs sha 7 W  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	A CONSEQUENCE O	J. B. Je. 7474 La not antar the mode of dyl Domen F):	nkins ndover	Funeral Road; I cardiac or reapi	Landove arrest a	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF	
ahock, of heart failure united and the second tion resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Gurs sha 7 W  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	A CONSEQUENCE O	J. B. Je. 7474 La not antar the mode of dyl Domen F):	nkins ndover	Funeral Road; I cardiac or reapi	Landove arrest a	st, Approxim interval B Onset and  24b. WERE AUTOPSY F AMILABLE PRIOR	
ahock, of heart failure united and the second tion resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Gurs sha 7 W  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  but not resulting	J. B. Je. 7474 La not antar the mode of dyl Domen F):	nkins ndover ng, such as	Funeral Road; I cardiac or reapi	Landove arrest a	24b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION OF OF DEATH?	
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ahock, of heart failure UMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation 2  Accident 3  Suicide 8  Could not b determined  29a. CERTIFIER (Check only)	B. List offily one cause on e  a. Gunsphafus  DUE TO (OR AS A  DUE TO (OR AS A  C. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  DU	A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  but not resulting  tipatient 3 □ DOA  1 28b. Till IN 7 : (IY — At home, farm, ec/fy)  HOD  wiedge, death occur	J. B. Je. 7474 La. 17474 L	piven in Part  EATH (Check or sidence 6   286 2 NO S1   287 2 and due to the time at the time ense NUMBER	Funeral Road; I cardisc or reapi  1. 24a. WAS AN PERFOR 1 (X YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 3  IN YES 3  IN YES 3  IN YES 4  IN YES 3  IN YES 5  IN YES 5  IN YES 6  IN YES 6  IN YES 6  IN YES 6  IN YES 6  IN YES 7  IN YES 7  IN YES 7  IN YES 8	AUTOPSY RMED?  INJURY OCCU HOT SE and Number of HVIEW  1 29d, DATE	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2   JREO  ELF  F Rural Route Number,  DRIVE , APT .  d.  cause(a) and manner as a SIGNEO (Morith, Day, Year)	
ahock, of heart failure UMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not b detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIL  29b. SIGNATURE AND TITLE OF CERTIF	B. List offily one cause on e  a. Gunshat U  DUE TO (OR AS  DUE TO	A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  but not resulting  tipatient 3 DOA  28b. Till IN. 7:( IY — At home, farm, ecily)  HOD  wiedge, death occur ion and/or investigation	J. B. Je. 7474 La. 74	piven in Part  EATH (Check o	Funeral Road; I cardisc or reapi  1. 24a. WAS AN PERFOR 1 (X YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 2  IN YES 3  IN YES 3  IN YES 3  IN YES 4  IN YES 3  IN YES 5  IN YES 5  IN YES 6  IN YES 6  IN YES 6  IN YES 6  IN YES 6  IN YES 7  IN YES 7  IN YES 7  IN YES 8	AUTOPSY RMED?  INJURY OCCU HOT SE and Number of HVIEW  1 29d, DATE	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2   JREO ELF Rural Route Number, DRIVE APT of d. ceuse(e) and manner as a	

12:20 A

SIRTNPLACE (State or Foreign

10d, INSIDE CITY

14. RACE — American Indien, Black, White, etc.

Specific BLACK

1 X YES 2 NO

MD

**Onset and Death** 

MENE AUTOPSY FINDINGS

OF DEATH? 1 YES 2 NO

9/9

MAILABLE PRIOR TO COMPLETION OF CAUSE

MD

USA

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

52. REDISTRAR'S CIGNATURE Pandage

-

BALTIMORE, MARYLAND 21215-002

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Lest)	TOFIL	PARKEY	E OF DEATH	2. DATE OF DEATH	5a a 1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In )		ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	109 8.81	RTHPLACE (State or Foreign
OB	St. Agnes A	treet end number)	9b. CIT	BA 178 . M.d		9c. COUNTY O	F DEATH
DIRECTOR	106. STATE 10b. COUNTY	Y	10c. CITY, TOWN				10d. INSIDE CITY LIMITS?
ERAL	13/3 E. Fede	enul ST.		10f. ZIP CODE 2/2/	3	10g. CITIZEN O	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	8. WAS DECENDENT OF HISPA It yes, specify Cuben, Mexico 1 TYES 2 TO Specifi	en, Puerto Rican, atc.)	В	IACE — American Indien, Slack, White, etc.
COMPLETED	15, DECEDENT'S EDU (Specify off) Righest grade Elementary/Secondery (0-12)		16a. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.	e during most of working	(/	ec/ C	worken
BE CO	17. FATHER'S NAME (First, Middle, Lest)	arken	TION MANING ADDRES	16. MOTHER'S NJ	AME (First, Middle, Maide	Bride	ges
٩	LULL ARE (NORTHER)  200. METHOD OF DISPOSITION	(en	13/30	F. Feder	W/ ST	BAM	1. prd 3
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b. 1	PLACE AND DATE OF DIS metary, cremathry or other	place)	DATE 20c. L	OCATION — City of	state state
RTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):	DIRATISEY V PNRU		2743	
CERT	resulting in death) LAST	d					ĺ
MEDICAL CE	PART II. Other significant condition		DERMI	4		ORMED?	AVAILABLE PRIOR TO
MEDICAL CE	PART II. Other significant condition  DIFFUS  (2)C OVER ES  25. WAS CASE REFERRED TO MEDICAL EXAMMER?	E SCLIERO TIVE HER	OTHI	26. PLACE OF DEATH (C	PERF( 1   YES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PHYSICIAN: MEDICAL CE	PART H. Other significant condition  PD 12 C US  (2) C ONCE & S  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	E SCLIERO	OTHI	26. PLACE OF DEATH (C	PERF( 1   YES	ORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	PART H. Other significant condition  PDIF FUS  (2) C OVER ES  25. WAS CASE REFERRED TO MEDICAL  EXAMMER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1 Properiors 2 ER/Outpet  28a. DATE OF INJURY (Month, Day, Year)	STERMINISTED OF INJURY M	28. PLACE OF DEATH (C ER: urasing Home 5   Residence 28c. INJURY AT WORK? 1   YES 2   NO	PERFC 1 YES  Check only one) 6 Other (Specify)	ORMED?  2 1 NO  V INJURY OCCURE!  st and Number or Ru	AMAILABLE PRIOR TO COMPLETION DF CAUSO OF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition  DIFE US  COURLES  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	HOSPITAL: 1 Properlent 2 = ER/Outpet  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY	tient 3 DOA OTHIN  29b. TIME OF INJURY M  At home, farm, street, fry)	28. PLACE OF DEATH (C ER: turning Home 5   Residence 28c. (NJURY AT WORK? 1   YES 2   NO actory, office	check only one)  The Grant of the Carlon (Stree City or Town, State of the cause(s) and make the cause(s) and	V INJURY OCCUREI	COMPLETION OF CAUS OF DEATH?  1  YES 2 NO  D  ural Route Number,
ED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition  DIFE US  COURLES  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	HOSPITAL:  1 Propertient 2 = ER/Outpet  28a. DATE OF INJURY - building, etc. (Specific on the basis of examination of examination of the basis of examination of examination of examination of examination of examination of examination of examination of examination of examination of e	tient 3 DOA   OTHIN tient 3 DOA   OTHIN tient 3 DOA   OTHIN 29b. TIME OF INJURY M At home, farm, street, fry odge, death occurred at the end/or investigation, in m	28. PLACE OF DEATH (C ER: turning Home 5   Residence 28c. (NJURY AT WORK? 1   YES 2   NO actory, office	PERFC  1 YES  Check only one)  6 G Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Stree City or Rown, State)  19e to the cause(s) and make time, date end place, to the cause (s) and make time.	onwed? 2 (1) NO 2 (1) NO 2 (1) NO 2 (1) NO 2 (1) NO 3 (1)	AMAILABLE PRIOR TO COMPLETION DF CAU- OF DEATH?  1 YES 2 NO  D  ural Route Number,

BALTIMORE, MARYLAND 21203-3146

BALTIMORE, MARYLAND 21203-3146	The manner that the death certificate be executed within my urs after death, Page 6 may be retained by the hospital or attending physician.	normal has been aligned by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in me Standard or heart and Merial Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDIBLE PHYSICIAN. The law requires that the death certificate be executed within	THE FINESPAL DRECTURE Arms the more than been aligned by the attending physician and completely fined in by the tendence and more than the fines within 72 hours the damp in the State out. Or heart and Merital Hygiene prior to burial, cremation, or removal,	IMPORTANT: It has 28 is maked, or ham as shows any lajary, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.	91	14673
	1. DECEDENT'S NAME (First, Middle, Last) BERNAK	D PE	-RLST	EIN	2. DATE OF DEATH MONTH 5 2 DAY	6/91	3. TIME OF DUATH M
	4. SOCIAL SECURITY NUMBER 105 12 8209	1 💢 M 2 🗆 F	77 YRS. MONT		Jan. 31, 19	914 New	York
TOR	99. FACILITY NAME (If not Institution, give st Hebrew Home of Gre RESIDENCE OF DECEDENT			CITY, TOWN OR LOCATION OF D CKVILLE	EATH	MONT	GOMERY
DIRECTOR		ntgomery		N OR LOCATION LIVER Spring			10d. INSIDE CITY LIMITS? 1XXYES 2 NO
ERAL	100. STREET AND NUMBER 8107 Eastern Avenu	ue, Apartmeni	t 313	101. ZIP CODE 20910		10g. CITIZEN OF	ted States
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	13. WAS DECENDENT OF HISPA If yea, specify Cuben, Mexic 1 TES 2 X NO Specify	an, Puerto Rican, atc.)	or No.— 14. RAC	E — Americen Indien, ck, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION completed)  College (1-4 or 5+)  8 years	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin Chemist	one during most of working	186. KIND OF BUSI		
BE COM	17. FATHER'S NAME (First, Middle, Lest) William Perlstein			18. MOTHER'S N. Bessie	AME (First, Middle, Maiden S		4
5	190. INFORMANT'S NAME (Type/Print) Mary G. Perlstein			tern Avenue,			20910
	20e, METHOD OF DISPOSITION  AX Burlel 2 Cremetion 3 Remo	oval from State	PLACE OF DISPOSITION other place)	(Name of cometery, cremetory or lemorial Garde	20c. LOC	ATION — City or T	
	21. SIGNATURE OF FUNERAL SERVICE LIC		~	22. NAME AND ADDRESS OF FOUNDALD M.STEI 232 CARROLL S	ACILITY IN HEBREW ME	EMORIAL	FUNERAL HOME
CERTIFICATION	23. PART I. Enter the diseases, or ahock, or heert feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	a. A CUTE  DUE TO (OR AS A  OUE TO (OR AS A  C. DEM E	ERESP CONSEQUENCE OF: (RATION	RATORY PNEYMO	FAILUR	E	Approximate interval Between Onset and Daath
Nº MEDICAL C	PART II. Other algorificent condition	e contributing to death b	ut not resulting in the	e underlying cause given in	Pert I. 244. WAS AN PERFORM	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Š	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l Save	26. PLACE OF DEATH (C	theck only one)		
NA STATE	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 5 Reeldence  28c. INJURY AT WORK?  M 1 YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCUREO	
TED B	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street,	factory, office	28f. LOCATION (Street er City or Town, State)	nd Number or Rural	Route Number,
COMPLETED BY	anel			the time, date and place, and du my opinion, death occured at th			(e) and manner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	Chin-57	TAFF PHY	SICIAN DE LICENSE NI	8084	≥ SZ	0 (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	E4M.D.G		NTROSE RI	2, ROCKY	ALLE.	MD20812
	MAY 31 1991	Julia Davidson-1	andelle,			/	

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, II	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	GARET M	y PA	NZER.		DE DEATH DAY	YEAR 17/0			
	4. SOCIAL SECURITY NUMBER  212741368  90. FACILITY NAME (If not institution, give st	5. SEX 8. AGE (	7 YRS. MOI	UNDER 1 YEAR  F UNDER 24 ITHS DAYS HOURS CITY, TOWN OR LOCATION	HRS. 7. DATE O	DE BIRTH Day, Year)	8. BIRTHPLACE (State or Foreign Country)  PARYLAND  NTY OF DEATH			
L DIRECTOR	ST. AGRES HOSPITAL BALTIMORE  RESIDENCE OF DECEDENT  100. STATE  100. CITY TOWN OR LOCATION  101. INSIDE CITY LIMITS?  1 Uses 2 No  100. STREET AND NUMBER  101. ZIP CODE  102. CITIZEN OF WHAT COUNTRY?									
BY FUNERAL	3805 W LS  11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 — YES IF YES, GIVE WAR OR O.	2 X NO	13. WAS DECENDENT OF IT yes, specify Cuban, 1 PES 2 NO			14. RACE — American Indian, Black, White, etc. Specify:			
COMPLETED	15. DECEDENT'S EQUIC (Specify only highest grade Elementary/Secondary (0-12)  LYRS  17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during most of working ired.)		KIND OF BUSINESS/IND	DUSTRY			
TO BE C	JOHN JOSEPH 190. INFORMANT'S NAME (Type/Print) FAMILY REI	t Trom	PETER 196. MAILING AD SA	DRESS (Street and Number of	2AB:	TH Ar	Code)			
	20e. METHOD OF DISPOSITION 1.5. Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ovel from State 201	b. PLACE AND DATE OF cometary, crematory or or	22. NAME AND ADDRESS	OF FACILITY APL OF	BALT	City or Town, State			
NO	23. PART I. Enter the diseases, or on shock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	B. DUE TO (OR AS A DUE TO (OR AS A C. L. C. V.)	ech ilna.	recanio	n ·	luading	Approximal Interval Bett Onset snd I			
RTIFICATI	CAUSE (Disease or injury that initiated events resulting in death) LAST	. HYF	4 1 6 6 131	07) .						
MEDICAL CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significant condition	- / -			ren in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION DF CAI OF DEATH?  1 YES 2 NO			
MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significant condition	s contributing to death b	out not resulting in t	ha underlying cause gi		PERFORMED? 1 YES 2 NO	AMAILABLE PRIOR TO COMPLETION DF CAI OF DEATH?			
4	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	MOSPITAL: 1 Inpatient 2 ER/Out (Month, Day, Year)	petient 3 DOA 4	28. PLACE OF DE. THER: Nursing Home 5 Res WORK? M 1 YES 2	NTH (Check only on dence 8 Other	PERFORMED? 1 YES 2 NO	AMALABLE PRIOR TO COMPLETION DF CAI OF DEATH?  1  YES 2  NO			

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BALLIMORE, MARYLAND 21203-314	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending pit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	st be notified at once.
	thin nours after death. Page 6	etely filled in by the funeral directu imation, or removal.	nt, the medicel examiner mu
P.O. BOX 13146,	death certificate be executed will	attending physician and comply antal Hygiene prior to burial, cre	ry, or other traumatic ever
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	CIAN: The law requires that the	ertificate has been signed by the the State Dept. of Health and Me	or item 23 shows any inju
DIVISION OF	THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illied in by the 1 be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is merked, or item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF MA					EALTH AND I	MENTAL	HYGIENE REG. NO.	9		14675
	1. DECEDENT'S NAME (First,		and Eugene	Russe	11_				2. DATE OF	OF DEATH DAY	90	YEAR	3. TIME OF OEATH  2:30 PM
	214-03-1385	5 1	1 M 2 🗆 F	AGE (In yrs. les		MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	05-	DE BIRTH Day, Year) -15-10			PLACE (State or Foreign MD
TOR	Bon Secour	s Hosp					timo	Te	EATH		9c. COUNT	Y OF DE	АТН
DIRECTOR	10e. STATE  Md	10b. COUNTY			10c. CI1	I'Y, TOWN O		imore					10d. INSIDE CITY LIMITS? 1 XYES 2 NO
WNEBA	1118 Carro		reet				10	ZIP CODE 212	30		10g. CITIZI	USA	HAT COUNTRY?
BY	11, MARITAL STATUS 1 Never Married 2 3 3 Wildowed 4 Divo		12. WAS DECEDENT E FORCES? 1 3 IF YES, GIVE WAS	YER IN U.S. AF YES 2 1 OR DATES	AMEO NO		If yes, sp	endent of Hispar ecity Cuban, Mexica 2 M NO Specifi	n, Puerto R	? (Specify Yes lican, etc.)	or No—	4. RACE Black Specif	- American Indian, , White, etc. y: White
COMPLETED	15. DEC (Specify only Elementary/Secondary (C 8th grade	EDENT'S EDUC by highest grade 0-12)	CATION completed) College (1-4 or 5+)	(G ilfe	ive kind of a. Do NOT u	work done ise retired.)	during mo	ON at of working	16b.	KIND OF BUS	M. At		
TO BE COM	17. FATHER'S NAME (First, M Coorge W 199. INFORMANT'S NAME (I Beverly Ar	11		b. MAILING	O AODRES	S (Street )	and Number or Rural	eth K	North Venture City or Town	Sumame) turin , State, Zip (	e F	Tureschi	
	20a. METHOD OF OISPOSIT 1 Burlel 2 Crematic 4 Donation 5 Other 21. SIGNATURE OF FUNERA	TION on 3 - Remo	D. Charles and Aller	other o	OF OISPO	aine	Par	wood Dr. motory, cromatory or k Cemete NO ADDRESS OF FA Hubbard	ry cum Funer	Wood al Hor	odlawine Inc	n C .	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fellure.	List only one couse Sho	on each line	<b>0.</b>		the mo	4107 W11	kone h as card	lac or respi	Ralto ratory arre	st,	21229 Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	diate ING ury	DUE TO (OF	R AS A CONSE  R AS A CONSE  M O  R AS A CONSE	OUENCE C	14: OF):	. F	Pulm E	Em 5	olisa	4		
MEDICAL	PART II. Other signification of the country of the		contributing to de		resulting	in the u	nderlyin	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:	P/Outrollost 1		ОТНЕ	R:	LACE OF OEATH (C)					
BY PHYS	27. MANNER OF DEATH	Pending Investigation	26a. DATE OF IN (Month, Day,	JURY	26b, TII		28c. IN.	NO 5 Residence		CRIBE HOW II	LJURY OCC	URED	
	a Deutsten	Could not be determined	28e. PLACE OF I building, etc	NJURY — At h	ome, farm,	, street, fac	tory, offic	20		ATION (Street a or Town, State)	nd Number o	or Rural A	oute Number,
COMPLETED	and and		CIAN: To the best of m										) end manner as stated.
H	2	mot	ulf					D26	MBER 256	>	29d. DATE	SIGNED	(Month, Day, Year) 8 /9 /
2	BICH D	UONG	O COMPLETED CAUSE	OF DEATH (ITE	Was	Mul.	eto	y Blod	- / (	sali	S Me	1	2/230

MAY 31 1991

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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r requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ithin 24 nours after	etely filled in by the	emation, or remova	nt, the medical	
tificate be executed w	g physician and comp	ene prior to burlal, cr	ther traumatic eve	
ires that the death cer	signed by the attending	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ws any injury, or o	
rSICIAN: The law requ	certificate has been :	th the State Dept. of H	d, or item 23 show	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has been	hours after death with	item 28 is marked	
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: If	

	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			MENTAL HYGIENE REG. NO.	21		4070
	1. DECEDENT'S NAME (First, Middle, Last) Terry	A. SMITH				2. DATE OF DEATH MONTH DAY MAY 29		AR	1:50 P M
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLA	CE (State or Foreign
	218 80 5649	1 X M 2 □ F 29	YRS.	CITY, TOWN O	HOURE MIN.	(Month, Day, Year) 09 05 1961	Se, COUNTY		yland
DIRECTOR		OMMUNITY HOSPI		LANHAN					EORGE
<u> </u>	10a. STATE 10b. COUNT	1	10c. CITY, TO	OWN OR LOCATI	ON			100	I. INSIDE CITY
ä	Maryland Princ	ce George's	Sea	t Pleas	ant			X	YES 2 NO
A L	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?
E	6006 Crown Street	:			20785	5	US	3A	
BY FUNERAL	11. MARITAL STATUS  1.XXNever Married 2  Married  3  Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 _ YES IF YES, GIVE WAR OR DATE	2 NO		city Cuban, Mexica	IIC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	or No.— 14.	Black, WI Specify:	American Indian, hite, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mos		16b. KIND OF BUSI	NESS/INDUST		J.Luch
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Nursin	T Accid	tant	Priva	to		
8	17. FATHER'S NAME (First, Middle, Last)		NOLDER	A VPOTE		ME (First, Middle, Maiden S			
BEC	Russell Bernard S	mith			Sylvia	a M. Smith			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street as		Route Number, City or Town,	State, Zip Con	de)	
2	Sylvia M. Smith	(Mother)	1117 C	apitol	View Dr	ive #922; L	andove	er. N	Maryland
	20a. METHOD OF DISPOSITION  1 Donation 5 Other (Specify)	oval from State 20b. I	PLACE AND DATE OF	other place)	(Name	6/4/91 Sui	ATION — City +1 and	or Town,	Stata
	21. SIGNATURE OF FUNERAL SERVICE LI		COLII PREM		D ADDRESS OF FA		crain	LIOU	Lyzaru
	Himbelli	1 C. Bluse	coe			Funeral H		. Mai	cvland
CERTIFICATION	23. PART I. Enter the diseases, or abock, or heer feliure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A C			av or cynng,				Approximata Interval Between Onset and Death
AL C	PART II. Other eignificant condition	s contributing to death bu	t not resulting in t	the underlying	ceuse given in	Part I. 24s. WAS AN A PERFORM			RE AUTOPSY FINDINGS AILABLE PRIOR TO
PHYSICIAN: MEDIC						1 □ YES 2	X NO	OF	MPLETION OF CAUSE DEATH? YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
SIC	EXAMINER?	HOSPITAL:		THER:  Nursing Hom	e 5 🗆 Realdenca	6 Other (Specify)			
PHY	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Y WO	RK?	28d, DESCRIBE HOW IN	JURY OCCUR	IED	
BY	2/ Accident Investigation	DO DI SOF OF IN SURV	445	M 1 1				0 10 1	4
ED	3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJURY - building, atc. (Specifi	— At home, farm, stre- y)	et, factory, offic		281. LOCATION (Street as City or Town, State)	nd Number or .	Hural Houte	e Number,
COMPLET	one)	ICIAN: To the best of my knowle						ause(a) ar	nd manner as stated.
BE	296. SIGNATURE AND TO OF CERTIFIE	te le n	us		29c, LICENSE NU	MBER 192	29d. DATE S	IGNED (MO	Ongh, Day, Year)
T0	30. MANIE AND ADDRESS OF PERSON WI	1 / LIA	TH (ITEM 27), (Type, Pri	int)	MA	20708	-		///
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		<u> </u>	( LU )	1-0			
	MAY 31 1991	Likia Davidson-Ro	Marine						

I. DECEDENT'S NAME (First, Middle, Last)	Rose El	inor	Storn	n		2. DATE (	OF DEATH DAY	,	YEAR	3. TIME OF DEAT
	ROSE		STORM			05	30		91	11:50
I. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE C	PE BIRTH Day, Year)	8	Countr	IPLACE (State or For
217-05-0002	1 M 2 XF	94	YRS.	NINS DATS	HOURS MIN.		03-18	196		ryland
De. FACILITY NAME (If not institution, give str			9b		OR LOCATION OF D			9c. COUNT		
	SING HOM	E		HAVE	E DE G	RACE		HAI	RFO	RD
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CITY, TO	OWN OR LOCA	TION					10d. INSIDE CITY
Maryland H	arford			Bel A	lir					LIMITS?
IOe. STREET AND NUMBER					1. ZIP CODE		T	10g. CITIZE	N OF V	WHAT COUNTRY?
1601 Marlynn L	ane				21014			U	SA	
II. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARM		13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN	(Specify Yes	or No— 1	4. RACE	E — American Indie k, White, etc.
Never Merried 2 Merried  Never Merried 2 Merried	IF YES, GIVE WAR		,		2 NO Speci		rcan, etc.)		Speci	offy:
	127011	1		l		L				White
15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(Giv	e kind of work Do NOT use re	JAL OCCUPATI done during me tired.)	ost of working	165.	KIND OF BUS	INESS/INDU	STHY	
Elamentary/Secondary (0-12) 8th	College (1-4 or 5+)			maker				Homo		
7. FATHER'S NAME (First, Middle, Last)			nome	manel	18. MOTHER'S N	AME (First. M	liddle, Maiden S	Home		
Felix Suwall	1.12				Joha			nknow	m "	
19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	ORESS (Street	end Number or Rural					
Louis F. Storn	n				n Lane.		Air.			014
20e. METHOD OF DISPOSITION 1  Burlet 2 Cremetton 3 Remo		20b. PLACE	AND DATE OF	DISPOSITION		DATE		CATION — CI		
1 ☐ Buriel 2- ☑ Cremetion 3 ☐ Remo 1 ☐ Donetion 5 ☐ Other (Specify)	oval from State	Metr	o Cr	emato	rv. Inc	5/3	1 Bal	ltimo	re	. MD
21. SIGNATURE OF BUNERAL SERVICE MIC	ENSEE MA	211			ND ADDRESS OF E	ACILITY				1
			-	Cnom	0 + 1 0 20 5	00:0	A	F 11/1		
George E N	(a a Na hh	V			ation S					
	MacNabb	eused the des	eth. Do not	299	Frederi	.ck R	d., E	Balto		MD 212
23. PART I. Enter the diseeses, or cashock, or heart feliure. L	omplications that co	eused the dee	oth. Do not	299	Frederi	.ck R	d., E	Balto		MD 212
23. PART i. Enter the diseases, or c shock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition	omplications that could be cou	on each line.		enter the m	Frederi	.ck R	d., E	Balto		MD 212 Approximatintarval Bell Onset and
23. PART i. Enter the diseases, or conshock, or heart feliure. I. IMMEDIATE CAUSE (Final	omplications that could be cou	on each line.		enter the m	Frederi	.ck R	d., E	Balto		MD 212
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23. PART I. Enter the diseases, or coshock, or heert feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that could be cou	eused the decon each line.  ALAC  A AS A CONSEO  CSTAL MARAS A CONSEO		enter the m	Frederi	.ck R	d., E	Balto		MD 212 Approximatintarval Bell Onset and
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23. PART I. Enter the diseases, or cashock, or heert feilure. In IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OF	A AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTIO	HINGE OF): UENCE OF): UENCE OF):	enter the mo	Frederiode of dying, su	.ck R	d., E	3al to	Bt,	MD 212 Approximatintarval Bell Onset and
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23. PART I. Enter the diseases, or cashock, or heert feilure. In IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OF	A AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTIO	HINGE OF): UENCE OF): UENCE OF):	enter the mo	Frederiode of dying, su	.ck R	d. Flac or reapir	AUTOPSY MED?	Bt,	Approximatintarval Barrons and MIM (I)  MONEY AND AND AND AND AND AND AND AND AND AND
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HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be returned to the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director with the control of		mea.
may be galaned by	Tot, tage Counties	)	ust be notified at
n 24 hours after death. Page 6	ly filled in by the funeral direct	ation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
certificate be executed within	ding physician and completel	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	r other traumatic event,
law requires that the death	as been signed by the atten	bept. of Health and Mental I	23 shows any Injury, o
TTENDING PHYSICIAN: The	it it	after death with the State C	28 is marked, or item
TO THE HOSPITAL OR AL	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death with t	IMPORTANT: If Item

14678 91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	TMENT OF		MENTAL HYG	HEME	140/0						
1	1. DECEDENT'S NAME (First, Middle, Le MARIE HELEN SE	,			197	2. DATE OF DEA MONTH MAY 30	DAY	year 2:30 A. M						
i i	4. SOCIAL SECURITY NUMBER 217-32-7674	5. SEX 6. 1  M 2 TTF	AGE (In yrs. last birthday) 75 YRS.	MONTHS DAVE MOURE MIN			7,1916	BIRTHPLACE (State or Foreign Country)     MARYLAND						
5	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATN  9c. COUNTY OF DEATN  1371 WALKER AVENUE  BALTIMORE													
DINECTOR	10e. STATE 10b. COU  MARYLAND	10e, CIT	Y, TOWN OR LOC	ALTIMORE		10d. IN								
	100. STREET AND NUMBER 1371 WALKER AVE		1	01. ZIP CODE 21239		10g. CITIZEN OF WHAT C								
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2. Married 3 Widowed 4 Divorced	Never Married 2 XXMarried FORCES? 1 YES 2XX IF YES, GIVE WAR OR DATES				NIC ORIGIN? (Speci in, Puerto Rican, et y:	17 (Specify Yes or No Ricen, etc.)  14. RACE — American Indian, Black, White, atc.  Specify: WHITE							
IPLE I EU	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) NA		ille. Do NOT us	vork done during r	nost of working	BALTO. COUNTY DEPT. OF EDUCATION								
BE COMPL	17. FATHER'S NAME (First, Middle, Last) THOMAS RILEY			18. MOTHER'S NA ANNA M		Surname)								
2	196. INFORMANT'S NAME (Type/Print)  MEYER SEIDEL (HUSBAND)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1371 WALKER AVE., BALTIMORE, MD. 21239													
	20a. METHOD OF DISPOSITION  1  Burial 2  Cremation 3  A  4  Donation 5 Other (Specify)		of cemetary, crematory GARDENS	or other place) OF FAITI	FAITH CEMETERY BALTIMORE, MD.									
	SCHIMUNEK FUNERAL HOMES, INC. 3331 BREHMS LANE, BALTIMORE, MD. 21213													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF).													
ENITICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST													
MEDICAL	PART II. Other aignificant condi	tiona contributing to de	ath but not resulting	in the underly	ng cause given in	P	AS AN AUTOPSY REFORMED?  ES 2 NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
וכוטו	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	3/Outpatient 3 DOA	OTHER:	PLACE OF DEATH (C		44							
T PHTSICIAN:	27. MANNER OF DEATH  1. Natural 5 Pending	28a. DATE OF IN. (Month, Day,	IURY 28b. TIM	E OF 28c, I	Ma 5 Residence NJURY AT VORK? YES 2 NO	28d. DESCRIBE	URED							
I EU B	2 Accident Investigate 3 Suicide a Could not 4 Nomicide determine	28e. PLACE OF II building, etc	JURY — At home, farm, . (Specify)	ome, farm, street, factory, offica			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLE	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of azamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
IO BE	30. NAME AND ADDRESS OF PERSON	OF DEATH (ITEM 27) (Type	, Print)	D20	MBER 5475	29d. DATE SIGNED (Morrith, Day, Year)  475  5(30(9)								
	DR. GEORGE WEINER, 1407 YORK ROAD, SUITE 305, TIMONIUM, MD.  31. DATE FILED (Morith, Day, Your)  32. REGISTRAR'S SIGNATURE  MAY 31 1991  July Davidson—Randsee													
	MAY 31 1991	gump wavidson	Marian											

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	JOSEPH PATRICK SMITH					2. DATE OF DEATH MONTH  5 - 26 - 91  7 44					
	4. SOCIAL SECURITY NUMBER 212-01-1302		E (In yrs. last birthday) 96 YRS.	last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			BIRTH Day, Year)	94	Country)	CE (Stape or Foreign		
OMPLETED BY FUNERAL DIRECTOR	9a. FACILITY NAME (II not institution, give		tonsvill			ec COUNTY Balti	OF DEATH					
	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT		h House	Y, TOWN OR LOCA				54101		I, INSIDE CITY		
	Maryland Ba	altimore		Catonsy	ille				10	LIMITS?		
		MAIDEN CHOIC	CE LANE		1. ZIP CODE 21228	10g. CITIZEN OF				COUNTRY?		
	715 Maiden Choi	12. WAS DECEDENT EVER	IN II C ADMED	12 445 05/	NIC OBICINA	(Casally Vaca	- No.   44	USA	Amadean Indian			
	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TY YE	S 2 NO DATES	If yes, sp					Black, Wi Specify:	American Indian, hita, atc. White		
	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+)	life. Do NOT us	vork done during mo se retired.)	16b. K	16b. KIND OF BUSINESS/INDUSTRY						
	8 YEars 17. FATHER'S NAME (First, Middle, Last)		Sales	Manager	Y	ME (First Mic		000_0	il Co	0		
CC	James Patrick Sn	nith			18. MOTHER'S NAME (First, Middle, Melden Surname)  Matilda C. Eichard							
10 B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	Eugene P. Smith			Boxhill		Baltin	nore.					
	20a, METHOD OF DISPOSITION  1 X Burlel 2 Cremetton 3 Rei	movel from State	other place)				2.4115	timor				
	4 Donation 5 Dotter (Specify) New Cathedral Cemetery Ball 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, MAME AND ADDRESS OF FACILITY								e, m	l.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. MAME AND ADDRESS OF FROILITY MITCHELL-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Md. 21212											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. MYOCARDIAL Infarction  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algnificant condition	a cause alven in	ae given in Part i. 24a, WAS Al			T 24b, WE	RE AUTOPSY FINE					
: MEDICAL	PEI							PERFORMED? AM CO		ALABLE PRIOR TO MPLETION OF CAL DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (CI	neck only one;	)		1	_		
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	-		ne 5 🗆 Residence	6 🗆 Other	(Specify)					
	27. MANNER OF OEATH	JURY AT ORK? YES 2 NO	2 🗆 NO									
	1 Netural 6 Pending 2 Accident Investigation											
B≺	destinate and a	26a. PLACE OF INJU	PRY — At home, ferm, (pecify)	street, factory, offic	ce		FION (Street an Town, State)	d Number or	Rural Route	Number,		
BY	2 Accident investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	26a. PLACE OF INJU	owledge, death occurr	ed at the time, date	a and piece, and du	City or	· Town, State)	er as stated				
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM!  29b. SIGNATURE AND TITLE OF CERTIFIER	26a. PLACE OF INJU building, etc. (S)  SICIAN: To the best of my known.  NER: On the basis of examinar  ER	owledge, death occurrention and/or investigation	ed at the time, dat	a and place, and dudeath occured at the	City or a to the cause of time, date a	e(a) and mann	or as stated due to the common	causo(a) an	ed manner aa sta onth, Day, Year)		
COMPLETED BY	2 Accident 3 Suicide 4 Homicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM!  29b. SIGNATURE AND TITLE OF CERTIFIER	26a. PLACE OF INJU building, etc. (S) SICIAN: To the best of my kn NER: On the basis of axamins THO COMPLETED CAUSE OF	owledge, death occurn tion and/or investigation  DEATH (ITEM 27) (Type)	ed at the time, dat	a and place, and dudeath occured at the	City or a to the cause of time, date a	e(a) and manning place, and	or as stated due to the common	causo(a) an	d manner as sta		

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hospital.

BALTIMORE, MARYLAND 21203-314

DHMH-16 Rev 1/89

FOR 1 STATE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EHILLIC	AIE	IF DEA	IH	RI	EG. NO.		_			
	1. DECEDENT'S NAME (First, Middle, Lest)  HAZEL FRANCES SMITH  2. DATE OF DEATH MONTH DAY YEAR 11:25 A								11:25 A M					
	4. SOCIAL SECURITY NUMBER 214-40-4875	5. SEX	6. AGE (In yrs. le 88		ONTHS DA		MIN.	Jan. 3	0, 19	903	BIRTHPLACE (State or Foreign Country)     Maryland			
	90. FACILITY NAME (If not institution, give si College Manor	9e. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH Baltimore				
۱	RESIDENCE OF DECEDENT				-Lacilei viile						ulti	.IIIOT C		
	Maryland Balti			nervi					10d. INSIDE CITY LIMITS? 1 Tyes 2 1 NO					
i	100. STREET AND NUMBER 300 W. Seminary A	√ve.		_		2109			1	10g. CITIZE		AT COUNTRY?		
	11. MARITAL STATUS 1 Never Merried 2 Merried	RMED NO	II yes	DECENDENT (	OF HISPAN	IC ORIGIN? (Sp n, Puerto Rican		Yee or No— 14. RACE — American Indian, Black, White, etc.						
	3 Wildowed 4 Divorced	IF YES, GIVE W			YES 2 💢 NO	Specify				Specify	White			
	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working te. Do NOT use retired.)			16b, KIN	16b. KINO OF BUSINESS/INOUSTRY								
		5 +		Teache					Education					
ĺ		17. FATHER'S NAME (First, Middle, Last) Christopher K. Dement						18. MOTHER'S NAME (First, Middle, Maiden Surname)  Bertha May Price						
l	19e. INFORMANT'S NAME (Type/Print)	11	9b. MAILING A	DORESS (Str	eet and Numbe		Poute Number, C		_	Code)				
	Louise McSherry			P.O. Box 16201, B				more,	21210					
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)			PLACE OF DISPOSITION (Name of cometery, cremetory or other place) Parkwood Cemetery					Baltimore, Maryland					
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE  BUYNSTOE, Jr.				22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc.									
	23. PART i. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final										Approximate interval Between Onset and Death			
disease or condition resulting in death)  a. Cardiapulmorary are of DUE TO (OR AS A DONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  a. Cardiapulmorary are of DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									C					
Ì	PART II. Other aignificent condition	reaulting in	in the underlying cause given in Part i.			Part I. 24e	I. 24s. WAS AN AUTOPSY PERFORMED?			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
	breast						1 TES 2 NO			COMPLETION OF CAUSE OF DEATH?				
										1   YES 2   NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1 Inputient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)														
27. MANNER OF DEATH  260. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Netural 5 Pending  26c. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 V SS 2 NO														
1	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	eet, factory,						oute Number,						
29e. CERTIFIER (Check only  1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(e) end manner as stated.														
١	One) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, deeth occured at the time, date and place, and due to the cause(e) and manner as stated								and manner as stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Morith, Day, Year)  5/27/9/  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  8RUCE ROSENberg, M.D. 1/34 YORK RD LUTHERUILLE, MD, 21093  31. DATE FILED (Morith, Day, Year)  32. REGISTRAR'S SIGNATURE													
										>				

I LENDING PHYSICIAN. The IBM requires that the charles are checking within 24 hours are required in the hospital or arterium prosperation.	al director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		28 is marked, or item 23 shows any injury or ever instantic event, the medical examiner must be notified at once.	
the executed within 24 floors after beatiff.	maintain and completely filled in by the funer	a princip burial, cremation, or removal.	irrimatic event, the medical exam	
LENDING PHYSICIAN: The law requires that the challenge	TOR: After this certificate has been signed by the sending.	after death with the State Dept. of Health and Mertal HA	28 is marked, or item 23 shows any injury or cut	

	FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH TE OF DEAT		TAL HYGIEN REG. NO.	_	14681
i	1. DECEDENT'S NAME (First, Middle, Last)	SCHWI	P272, 3	TR.		TE OF DEATH	194	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-12-8702	1 M 2 D F 6	YRS. MONTH		MIN.	TE OF BIRTH orth, Day, Year)	1920	SHITHPLACE (State or Foreign Country) BALTO, MD
200	99. FACILITY NAME (If not institution, give strength of the control of the contro	DRIAL HO	25P- 1	SALTIMO	ORE C	2174	9c. COUNTY	OF DEATH
Ding	100. STATE 10b. COUNTY		BAL	N OR LOCATION	es ci	174		10d. INSIDE CITY LIMITS?  1 VES 2 \( \text{NO} \) NO
CINCHAL	3403 ROS	ALIE A	VE	10f. ZIP CODE			UNIT	OF WHAT COUNTRY? (ED) STATES
10	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 PES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT O	, Mexicen, Pue		or No- 14.	RACE — American trotlant, Bleck, White, stc. Specify:
וירבוכט	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed)  College (1-4 or 5+)	16e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	one during most of working		166. KIND OF BU	SINESS/INDUST	LSPAD
BE COMPL	17. FATHER'S NAME (First, Middle, Leat)	HWARTZ		18. MOTH	ER'S NAME (FI	at, Middle, Maiden	Surriamo) G· U	104LFORD
2	190. INFORMANT'S NAME (Type/Print)	ECORDS	SAT	NESS (Street and Number	or Rurel Route N	BOVE		
	20e. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)  21. SIGNATURE OF FÜNERAL SERVICE LICE	wal from State	PLACE AND DATE OF D emetary, crematory or oth	Proping Me	m. 5	29 PA	RKVI	or Town, State
	· Jepper	1-9	air .	22. NAME AND ADDRE	0 1/	RFOR	OF	MEMORIE
	23. PART/I. Ener the diseases of control of the limit of	ist only one cause on ee	the deeth. Do not are so line.  CONSEQUENCE OF):	ntar tha mode of dy	ng, auch es	cardiac or resp	Iratory screst	Approximats Interval Between Onset and Death - H Curl
MOIN	Sequentially flat conditions,	C	CONSEQUENCE OF):					
ILLICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events to such the second of the se	20	CONSEQUENCE OF):	an	1			
200	PART II. Other eignificant conditions	contributing to death by	ut not resulting in the	tinderlying cause	then In Best	. 24a. WAS AM	LAIFMACV	24b. WERE AUTOPSY FINDINGS
DI PRISICIAN: MEDICAL					gwen in Fait	PERFO	RMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTI	26. PLACE OF D	EATH (Check on	ly one)		
2	1 TYES 2 NO  27. MANNER OF DEATH	1 ☑ Inputient 2 ☐ ER/Output 28e. DATE OF INJURY		Nursing Home 5 Re		Other (Specify) DESCRIBE HOW	INJURY OCCUR	ED
1	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	Al home, farm, street,	factory, office	281.	LOCATION (Street City or Town, State	end Number or i	Rural Route Number,
COMPLEIED		CIAN: To the best of my knowledge. On the basis of examination						
ם מב ר	296. SIGNATURE AND STILE OF CERTIFIER	1 Su/2	7	29c. LIC	9,59		29d. DATE S	S/ZS/9/
	30, NAME AND ADDRESS OF PERSON WHO	RICK SU	ITTON	- UNI	ON 1	NEM	DRIAL	- HOSP.
,	MAY 31 1991	32. REGISTRAR'S SIGNA	andell.					

Approximete Interval Between

**Onset and Daath** 

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO

06:55 A M

	REGISTRAR		C	<b>ERTIF</b>	<b>ICATI</b>	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last			m	DIII	DATE		2. DATE	OF DEATH	10 XE	AR 3	TIME OF DEATH
	SYLVIA				RUES							06:55 A
	4. SOCIAL SECURITY NUMBER 176-28-6740	5. SEX	6. AGE (In yrs. le	st birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.		of BIRTH 1, Day, Year) 5/29/	21 0.5	OURTHPL Country)	ACE (State or Foreign
	90. FACILITY NAME (If not institution, give		ac	_	9b. CITY	, TOWN O	R LOCATION OF E	-	1241.	9c. COUNTY	OF DEA	TH .
OR	1518 RIGGS AVENU					TIMO				BA	1 7	OCITY
اظ	RESIDENCE OF DECEDENT  10s. STATE 10b. COUN	TY		10 CI	y, town	OR LOCAT	ION				1	Od. INSIDE CITY
DIRECTOR	Md. B	A1.TO			BL	1/7	7					LIMITS?
	10a. STREET AND NUMBER	h				101.	. ZIP CODE	. 0	_	10g. CITIZEN	OF WH	AT COUNTRY?
FUNERAL	1318 Kigg	5 Hue						121		U.	5,	H.
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	ENT EVER IN U.S. A 1 YES 2 H WAR OR DATES	NO		If yes, spe	ENDENT OF HISP/ ecify Cubarr, Mexic 2 NO Spec	en, Puerto I			Black, Specify:	- American Indian, White, etc.
LED	15. DECEDENT'S ED (Specify only highest grad	UCATION te completed)	(4	ECEDENT'S Give kind of	work done		ON st of working	16b	KIND OF BUS	SINESS/INDUST	RY	JID (C)
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5	(°	feto	e Lic	2/1	Vorke	R				
	17. FATHER'S NAME (First, Middle, Last)	Bost	171				16. MOTHER'S N	AME (First,	Middle, Maiden	Surname)		
出	19+. INFORMANT'S NAME (Type/Print)	1005T	1	9b. MAILING	ADDRES	S (Street a	nd Number or Rura	Route Num	ber, City or Tow	n, State, Zip Coo	de)	
2	Mary Gros	55	2	209	Cho	arle	3 Blue	d. Si	nkin	5 SpR	ins	Pa. 1910
	20a. METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Re	movel from State	20b. PLAC of cemetar	E ANO DAT	or other	DSITION place)	(Name	DAT	20c, LO	CATION - City	or Town	n, State
	4 Donetion 6 Other (Specify)  21. SIGNATURE OF FMRERAL SERVICE.	culled	- Wi	cremator 5+0			TAK ID ADORESS OF F	(G)	TIDA	HIMO	DRC	Me
	/ My	Kinney			1	30	uns (	on	mun	ity f	·H	
	immediate cause (Final disease or condition resulting in daeth)	. APTER	O OR AS A CONSI	onc		RP10'	VARCUL	AR	Dise	SE		Interval Between Onset and Da
MION	Sequentially list conditions, if any, leading to immediate	b. DUE T	O (OR AS A CONSI	EQUENCE (	PF):							
RTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CDUE T	O (OR AS A CONSI	EOUENCE (	OF):							
빙	PART II. Other algorificant condition	d	to death but not	resulting	In the u	nderlyln	n cause alven i	n Part I	24a, WAS AN	ALTTOREY	245 1	WERE AUTOPSY FINDI
MEDICAL	CHRONIC		HOUSIN	_					PERFOR	RMED?	0	MAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF OEATH (C	Check only o	ne)			
SIC	EXAMINER?  1 XYES 2 ND	HOSPITAL: 1   topatient 2	☐ ER/Outpatient	3 🗆 DOA	OTHE		ne 5 K Residence	6 🗆 Othe	er (Specify)			
PHY	27. MANNER OF DEATH	28s. DATE ( (Month,	Day, Year)	28b. Til	WE OF	26c. INJ WC	URY AT	26d, DE	SCRIBE HOW I	NJURY OCCUR	ED	
ВУ	Natural 6 Pending 2 Accident Investigation	_	OF IN HIRV ALL		M etwent for		YES 2 NO	200 100	ATION Commit	and Alimbas as i	David Da	A. M. A.
ED	3 Suicide 6 Could not b	bulldin	OF INJURY — At I ig, stc. (Specify)	ome, mm,	atreet, The	AUTY, OTTIC			or Town, State)	and Number or I	nurai Filo	und Number,
PLE		SICIAN: To the best	of my knowledge, o	death occur	red at the	time, dets	end place, and d	e to the ca	use(s) and ma	nner as ataled.		
COMPLET	anal &	NER: On the basic of	sxamination and/o	r Investigat	lon, in my	opinion, d	leath occured at ti	ne tima, date	and place, ar	nd due to the c	suse(s)	and manner es stated
BE (	2900 SIGNATURE AND TITLE OF CERTIF	IEI Jall	<b>b</b> .				29c. LICENSE N	UMBER				Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON N	VHD COMPLETED CA	WSE DE DEATH AT	EM 27) (7m	a Print)		OCME			05-2	9-1	991
			- A manus las									

MP 111 N.

PENN STREET BALTIMORE, MARYLAND 21201

MARO = GOLLE,

BALTIMORE, MARYLANI	24-nours after death. Page 6 may be retained by the hos	filled in by the furieral director, page 5 should be detachedon, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the man are the most attended to the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the appropriate present competenty filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Medial Presentation to be a competent of removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury or and traumatic event, the medical examiner must be notified at once.
	10	日本	IMPC

1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND OF DEATH	MENTAL HYGIE REG. N		14003
1. DECEDENT'S NAME (First, Middle, La.	Raymond T	rimble			May 30,	1991 YEA	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217 03 8343	1 ⋈ M 2 □ F	(In yrs. lest birthday) 76 YRS.		YE HOURS MIN.	March 8,	1915 P	INTHPLACE (State or Foreign laryland
9a. FACILITY NAME (If not institution, ght 1309 W. 40	o atreet and number) Oth Street			whor Location of Baltimore	DEATH	Balte	o. City
10a. STATE 10b. COU	NTY	10c. CIT	Y, TOWN OR L	OCATION	Baltimore		10d. INSIDE CITY LIMITS7 1 YES 2 NO
10s. STREET AND NUMBER	1309 W. 40th	Street		10f. ZIP CODE	21211		S.A.
11. MARITAL STATUS  1 Never Married 2 K Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yo		ANIC ORIGIN? (Specify ) can, Puerto Rican, atc.) city:		RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12th		ille. Do NOT u	work done durin	g most of working		USINESS/INDUSTR	AY.
17. FATHER'S NAME (First, Middle, Last)	Albert H. Tr	imble		18. MOTHER'S I	NAME (First, Middle, Maid Cula E. Tri	en Surname) Imble (ne	ee Long)
198. INFORMANT'S NAME (Type/Print) Rose M. Trimble				oet and Number or Run Oth Street		e, Mary	land 21211
20a. METNOO OF DISPOSITION  1 Burlel 2 Cremation 3 R  4 Donation 5 Other (Specify)		b. PLACE AND DAT cemetary, cremator Grace Me	y or other place ethodis	st Church	6/03 Ct	nestnut	or Town, State Ridge, MD
21. SIGNATURE OF FUNERAL SERVICE	Lensa Caro	enter		GEE-HENSS	FUNERAL HO	3631 DME Balt 2121	Falls Road imore, MD
IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	b. CORONA DUE TO (OR AS A		Rter	-	-ARCTION EASE	J	interval Betwee Onset and Dear Acrys
PART II. Other significant conditions  3 PRIOR M  PEDITC UI  BENEAL TA	tions contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contributing to desth to the contribution to the contribut	INFA			PERF	AN AUTOPSY ORMED? 2 M NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OTHER:	26. PLACE OF DEATH	Check only one)		
27. MANNER OF OEATN  1 Natural 8 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF 28	c. INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HO	W INJURY OCCURE	ED
2 Accident investigati 3 Suicide 8 Could not 4 Nomicide detarmine	28s. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, soffy)	street, factory,	office	281. LOCATION (Stre City or Town, Sta		lural Route Number,
	HYSICIAN: To the best of my know						use(s) and menner as stated,
29b. SIGNATURE AND TITLE OF CERT	Karaersh	tool		29c. LICENSE	1UMBER 5462	29d. DATE SIG	GNED (Month, Day, Year)
Dr. Karacusc				Baltimo	ore, Maryla	and	
31. DATE FILEO (Month, Day, Year) MAY 31 1991	32. REGISTRAR'S SIGN	Mandall.		12L,			

Gallies

04

4.M8

Randa

1. DECEDENT'S NAME (First, Middle, Last)		-	-	ICATE			-	2 DATE	OF DEATH	).		3. TIME OF DE	ATH
TO ANTE . MITTOGO								MONT 0.5	H I	DAY 7	YEAR 91	0130	
FRANK J THIESS  4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	# UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or	
217-09-4893	1 🔀 M 2 🗆 F	9	1 YRS.	MONTHS	DAYS	HOURS	MIN.		11/19	00	Count	ryland	
9a. FACILITY NAME (It not institution, give a	treet and number)		-	9b. CITY	, TOWN C	R LOCATIO	ON OF DE		11/1/		INTY OF E		_
GREATER BALTIMOR	E MEDICA	L CENTER		ТО	WSON	, MA	RYLA	ND		BA	LTIM	MORE	
10e. STATE 10b. COUNTY MARYLAND BAL	TIMORE	100		y, town o		ION						10d. INSIDE CI LIMITS? 1 YES 2	
10e. STREET AND NUMBER					101	. ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY	
3F FELLOWSHIP C	OURT					212	04				U	.S.A.	
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDEN	IT EVER IN U.S. AR			If yes, sp		n, Mexica	n, Puerto	1? (Specify Yo Rican, etc.)	e or No	14. RAC Blac Spec	CE American in ck, White, etc.	
15. DECEDENT'S EDU	CATION	160 DE	CEDENT'S	IISHAL O	CCUIDATIC	NA .		T 461	. KIND OF B	ICINECC/IN	DUCTOV	WIIICE	
(Specify only highest grade	completed)	(G	ive kind of a	work done	during mo	at of working	ng	164	. NAU OF B	JOINESS/IN	THIEV		
12 years	College (1-4 or 5	+)	f-em		ed				Men's	Habe	rdas	herv	
17. FATHER'S NAME (First, Middle, Last)				5		18. MOTI	HER'S NA		Middle, Maide				
John Christian	Th	niess				Man	ry			, ,	O'Do	nnell	
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural	Route Nun	ber, City or To	wn, State, Z	ip Code)		
Mary Elaine Cunn	ingham	8	163	Pleas	sant	Pla	ins	Rd.	Towson	n, MD	. 21	204	
20e. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Rem	and from Canto	20b, PLACE	AND DAT	E OF DISP	OSITION	(Name		DAT	E 20c. L	OCATION -	- City or T	lown, Stata	
4 Donation 5 Other (Specify)	OVAI ITOIN STATE	Green	Moui	nt Ce	emet	ery	5	/29/	91 Ba	ltimo	re,	Marylar	d
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	000	1/2	22.	NAME AN	D ADDRE	SS OF FA	CILITY do fo	ld Hor	70			
John G. Rei	- Joh	w 2) He	47								- T	and 212	11.2
23. PART I. Enter the diseases, or	Accept	at caused the de	will. Do i									Approx	
shock, or heart failure.	List only one car	use on each line	P									interval	Between
iMMEDIATE CAUSE (Final disease or condition	V	NEIMONT										Onset	A.
resulting in death)	4	NEUMONIA OR AS A CONSE		f):				-			_	3 6	cay
				,	/	2	7	-	1. +	1	1.	30	
Sequentially list conditions,	b DUE TO	(UH AS A CUNSE	DUENCE O	F):		ory	esti	H-	aus	gai	ney	1 - 4	COM
if any, leading to immediate					211	10.40	, 1.	11	lufa	ict.	0 -	34	rech
cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE O	F):	1	e till	a Black		000	uu	4		
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST													
CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d.	death but not	regulting	in the u	nderivio	a causa .	ahen in	Part I	24- 140-4	N ALTTYDORY	/ 124	IN WEDE ALLTODO	ENDINO
CAUSE (Disease or injury that initiated eventa	a contributing to	death but not	resulting	in the u	nderiyin	g cause	given in	Part I.		N AUTOPSY DRMED?	24	MAILABLE PRI	OR TO
CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	d	death but not	resulting	in the u	nderiyin	g cause	given in	Part I.		DAMED?	24		OR TO
CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	d	death but not	resulting	in the u	nderiyin	g cause	given in	Part I.	PERF	DAMED?	24	COMPLETION C	OR TO OF CAUSE
CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition	d	o death but not	resulting	in the u					PERFO	DAMED?	24	AWAILABLE PRI COMPLETION O OF DEATH?	OR TO OF CAUSE
CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. a contributing to	o death but not a	resulting	in the u	26. PI	g cause			PERFO	DAMED?	24	AWAILABLE PRI COMPLETION O OF DEATH?	OR TO OF CAUSE
CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 2 NO	HOSPITAL:	□ ER/Outpatient 3	DOA	OTHE	26. Pi Ft: raing Hon	LACE OF D	DEATH (C/	neck only o	PERFO	DRMED?		AWAILABLE PRI COMPLETION O OF DEATH?	OR TO OF CAUSE
CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 2 NO  27. MANNER OF DEATH	HOSPITAL: 1 1 Inferient 2 28e. DATE 0	□ ER/Outpatient 3	DOA 28b. TIN	OTHE	26. Pi Ft: reing Horr 28c. INJ	LACE OF D	DEATH (C/	neck only o	PERFO	DRMED?		AWAILABLE PRI COMPLETION O OF DEATH?	OR TO OF CAUSE
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CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NOT  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 7-Infertent 2 28e. DATE 28e. PLACE	□ ER/Outpatient 3	DOA 28b. TIN	OTHE 4   Nu ME OF JURY M	26. PI PI: raing Hom 28c. INJ WO	LACE OF D	DEATH (C/	6 Oth	PERFO	ORMED?  2 PNO  INJURY O	CCURED	AWAILABLE PRI COMPLETION O OF DEATH?	OR TO OF CAUSE
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Hatural 5 Pending Investigation  3 Suicide 6 Could not be detarmined	HOSPITAL: 1 A-INSTITUTE 2 28e. DATE: 28e. PLACE 6 building	□ ER/Outpatient 3 F INJURY Day, Year)  OF INJURY — At he, etc. (Specify)	28b. Tillin.	OTHE 4 Nu Nu NE OF JURY M	28. Pi R: rsing Hom 28c. INJ WC 1  tory, office	LACE OF D	DEATH (C/	6 Oth 28d. DE 28f. LO	PERFO  1 YES  or (Specify)  SCRIBE HOW  CATION (Street  or Town, State	PRMED? 2 PMO 1 INJURY O	CCURED or Or Rural	AMALABLE PRI COMPLETION C OF DEATH? 1 YES 2	OR TO OF CAUSE
CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NOT  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 A-inpetient 2 28e. DATC (Month, i) 28e. PLACE obuilding	ER/Outpatient 3  F INJURY Day, Year)  OF INJURY — At he, etc. (Specify)  If my knowledge, de	28b. Tillin.	OTHE 4 Nu AE OF JURY M street, fac	26. PI R: raing Hom 28c. INJ WC 1  tory, office	LACE OF D to 5 Rt IURY AT PRK? YES 2 [	DEATH (C/	8 Oth 28d. DE 28f. LO	PERFO	PRMED? 2 F NO 1 INJURY Of and Numbers 1	CCURED or Or Rural	AMALABLE PRICOMPLETION ( OF DEATH?  1 YES 2	OR TO

27) (Type, Print) Secute

6565 N. Charles

DHMH-16 Rev 1/89

OHMH-16 Rev 1/89

permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 2121 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use at be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

· (	1. DECEDENT'S NAME (First, Middle, Les VIRGINI		1PSON			MONTH 23, T	991 YEAR	3. TIME OF DEATN 4:00 A M
	4. SOCIAL SECURITY NUMBER 216-36-6352	5. SEX 6. AGE	(In yrs. lest birthday) 81 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 9/17/09	6. BIF Coo Ma	THPLACE (State or Foreign arry)
	90. FACILITY NAME (If not Institution, give Meridian Nursing BESIDENCE OF DECEDENT		1		Baltimore		9c. COUNTY OF	V/A
SMENAL DINECTOR	10a. STATE 10b. COUR	10b. COUNTY N/A Baltimore City						
	100. STREET AND NUMBER 115 E. Melrose	Avenue		10	21212		10g. CITIZEN O	F WHAT COUNTRY?
5	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR I	2 X NO	If yes, sp		NIC ORIGIN? (Specify Yea in, Puarto Rican, etc.) y:	BI	ACE — American Indian, ack, White, etc.  White
COMPLETE	15. OECEDENT'S E. (Specify only highest gra		16a. DECEOENT'S to (Give kind of world) life. Do NOT use Secre	ork done during me retired.)	ON ast of working	166. KINO OF BUS		ocese of MD.
	17. FATNER'S NAME (First, Middle, Lest) Mortimer Brooke	Meanley				a Juliette	A Charles	
	Mrs. Brooke T.Go		33 Love	ett Ct.	Timoniur		93	
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State	ob. PLACE AND DATE I cemetary, crematory reen Moun	t Cemet	ery Co.5	/25/91 Bal	cation — city or timore,	Maryland
	James F. Bi	Januarile, Jr.	2.	Mi		iedefeld Ho Rd. Baltim		
	23. PART T. Enter the disease, cahook, or heart felium immediate CAUSE (Finel disease or condition resulting in deeth)	e. List only one cause on	eech line.			ent paresis	1.12	Approximate interval Between Onset and Death
CENTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF	):				
	PART II. Other eignificent condit	lona contributing to death	but not reaulting in	n the underlyin	g cause given in	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
I. INEDICAL						1 _ YES 2	NO	OF DEATH?  1 YES 2 NO
THI SICIAIN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	tpatient 3 DOA	OTHER:	LACE OF DEATH (C	heck only one)  6 Other (Specify)		
10	27. MANNER OF DEATN  1 Natural 5 Pending Investigation investigation	26a. DATE OF INJURY (Month, Day, Year)		URY W	JURY AT DRK? YES 2 NO	26d. OESCRIBE NOW I	NJURY OCCURED	100 3
- 10	3 Suicide 6 Could not determined	be building, etc. (Sp	RY — Al home, farm, s ec/ly)	treet, factory, offi	20	281. LOCATION (Street City or Town, State)	and Number or Ru	al Route Number,
COMPLETE	cool only	YSICIAN: To the best of my kno IINER: On the basis of examinat						se(a) and manner as stated.
20 01	29b. SIGNATURE AND TITLE OF CERTI	Dowie 1			29c. LICENSE NU D 206		29d. DATE SIGN	23/9/
	John W. Bow	ie, M.D. 68	00 York R		timore, M	Md. 21212		
	MAY 3 1 1991	32. REGISTRAR'S SIG	A COLUMN TO SERVICE AND ADDRESS OF THE PARTY					

FOR

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			ENTAL HYGII REG. I			
1. DECEDENT'S NAME (First, Middle, Last)	F. TYSI	EWIC	Z		DATE OF DEATH	6, 199	3. TIN	IE OF DEATN
4. SOCIAL SECURITY NUMBER  15.1 - 18-1985  9a. FACILITY NAME (If not institution, give a	1 M 2 D F 64	YRS. MON		URS MIN.	MAY 22	1077	Country)	(State or Foreign
87 CHAPEL	TOWN CIA	2. 1	ERRY,	HALL	mu	BAL	Time	net co
MARYLAND BAL	TIMORE CO	PER	OWN OR LOCATION	all,			1 🗆	NSIDE CITY JMITS? YES 2 NO
100. STREET AND NUMBER  87 CHAPELY	OWN CIR.		101. ZIP	1236		LINI7	OF WHAT O	TATES
11. MARITAL STATUS 1 Never Married 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVERY IN FORCES? 1 TYPES IF YES, GIVE WAR OR DATE OF THE PROPERTY OF THE PROP	2 NO	If yes, specify		ORIGIN? (Specify Puerto Rican, etc.)		Black; White Specify:	17E
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use ret	done during most of	working	16b. KIND OF	BUSINESS/INDUS	TRY	
17. FATHER'S NAME (First, Middle, Leet)  UNKNOWN		0113,1	18.	MOTHER'S NAME	E (First, Middle, Mei	iden Surname)		
190. INFORMANT'S NAME (Type/Print)	ECORDS	19b. MAILING ADD	DRESS (Street and N	lumber or Rural Ro	ute Number, City or ABOV	Tomp State, Zip Co	ode)	W.
20s. METHOD OF DISPOSITION  1 Burlet 2 Cremetion 3 Ren  4 Donation 5 Other (Specify)		PLACE AND DATE OF CHERRY CREMATORY OF CHERRY CREMATORY OF CHERRY CREMATORY OF CHERRY O		mo T VET	DATE 200	LOCATION - CITY	y or Town, St	on MA
21. SIGNATURE OF FUNERAL SERVICE LI	L- gain	2	22. NAME AND A	S CHI	Afest Respon	OF !	nen.	DORIES
23. PANT I. Euler the diseases, Dr allock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Daly die ceuse on es	arred	t mode	of dying, auch	es cardiac or r	espiratory arres		Approximate Interval Between Onset and Daati
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C	CONSEQUENCE OF):						
that initieted events resulting in death) LAST	d							
PART II. Other algnificent condition Arthritis Hyperchae	esterolemia	t not resulting in t	the underlying ca	use given in P	PEF	S AN AUTOPSY REORMED?	COMP OF D	AUTOPSY FINDINGS ABLE PRIOR TO PLETION DF CAUSE EATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATN (Chec	k only one)			
EXAMINER?	HOSPITAL: 1   inpetient 2   ER/Outpe		THER:	hesidence 6	☐ Other (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)  MAY 26	28b. TIME OF	Y WORK?	2 NO	28d. DEŞCRIBE N	OW INJURY OCCU	RED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	At home, farm, street	et, factory, office		Clin or Tours 6	reet and Number or State) 140wn Ci		Rathmo z
Conson only	ICIAN: To the best of my knowle ER: On the basis of examination							manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIED -	0 1	ms	29	D 3485			SIGNED (Mont	th, Day, Year)
30. NAME AND ADDRESS OF PERSON W	6 6 6 6 6 6	TH (ITEM 27) (Type, Pri	DANN				1	71.61/
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNA	TURE	7770	11110		0		

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	+ 35	CERTIF	ICATE C	OF DEAT	н		REG. NO.			400-
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF OEATH
HENRY VENEY						MAY	28,	1991	YEAR	7:15 P M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday)	IF UNDER 1 YE		24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
218 05 7173	1 🕅 M 2 🗆 F	90 YRS.	MONTHS DA	YS HOURS	MIN.	4/	27//	/	Country	"VA
9a. FACILITY NAME (If not institution, give st			96. CITY, TO	WN OR LOCATIO	ON OF OE	ATH	1	9c. COUN	ITY OF D	EATH
THE JOHNS HOPKIN	S HOSPITAL		BAL	TIMORE	CIT	Y		BAL	TIMO	RE
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		140.00	ry, TOWN OR LO	00471011						
NA A		10e. CH	Z A	4						10d. INSIDE CITY
10e, STREET AND NUMBER	4	4	コクム	101, ZIP CODE				40 - 0/7/2	TEN OF W	1 YES 2 NO
1749 MEN	tpe/eir	ST		2/2	2/8	/		4	15	, A
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE			OECENOENT OF				or No-		- American Indian,
1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE WAR OR			YES 2 NO			sicari, etc.)		Spech	m 1 11-
			1	1				1		
15. OECEDENT'S EOUC (Specify only highest grade		16a, DECEDENT'S (Give kind of life. Do NOT u	work done durin	PATION og most of working	g	16b	KIND OF BUS	SINESS/INO -/	USTRY	- 01
Elementary/Secondary (0-12)	College (1-4 or 5+)	Delas	I W	orks	1	7	324	1 .	2/0	TEL
17. FATHER'S NAME (First, Middle, Lest)	7			16. MOTH	IER'S NA	ME (First, I	Aiddle, Maiden	Surname)	in	
19a. INFORMANT'S NAME (Type/Print)		19b.,MAILING	G ADDRESS (St	reet and Number	or Rural I	Route Numi	ber, City or Town	n, State, Zip	Code)	
Augusta Ho	open	4-91	1 194	Phreno	AR	den	Dain	Ba	11/8	mf21214
20a, METHOD OF DISPOSITION		20b. PLACE AND DAT			/	DAT	E 20c. LO	CATION —	City or To	wn, Stata
4 ☐ Burial 2 ☐ Cremation 3 ☐ Remo	oval from State	of complary, cremator	y or other place	ban	,	6/1	18/ A	·AC	and	by Mt
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 0	0/1	22. NAM	ME ANO ADDRES	SS OF FA	CILITY			1	
Joseph 15	· Lock	1	1	1. 1	2.	/	741	1201	14	0-1-12
			00	cho 1	My	wall	Home	1-10 7	12/1	Lodge W
23. PART I. Enter the diseases, or o			not anter the	mode of dyl	ing, suc	h aa car	flec or reapi	iratory err	eat,	Approximate Internal Returns
23. PART I. Enter the diseases, or c shock, or heert fellure.			not anter tha	mode of dyl	ing, suc	h aa can	flec or reapi	iratory err	eat,	Approximate Interval Between Onset and Desth
shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition	List only one cause on	aach lina.		a mode of dyl	ing, suc	h aa card	flec or reapi	Iratory err	eat,	Intarval Between
shock, or heart fellure.	List only one cause on		X 1'a_ of):						eat,	Interval Between Onset and Death
shock, or heert feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)	a. Gerebra  OUE TO (OR AS	Ana; s a consequence of	x 1'a. DF): + /						reat,	Interval Between Onset and Death
shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	e. Cerebra  OUE TO (OR AS  DUE TO (OR AS	Ana SA CONSEQUENCE	x 1'a. DF): + /	mode of dyl					eat,	Interval Between Onset and Death
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shock, or heert feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  Netural 5  Pending Investigation	List only one cause on  a. Cerebra  OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  A nem fa.  a contributing to death  HOSPITAL:  1 Shpatlant 2 ER/O  28a. DATE OF INJUR  (Month, Dey, Year	And And And And And And And And And And	OFFI:  OF	riying cause g	given in	Part I.  eck only one 28d. DE:	24a, WAS AN PERFOR	AUTOPSY MED?	24b	Interval Between Onset and Death 3 d 3 d 16 d 5 d 5 d 5 d 5 d 5 d 5 d 5 d 5 d 5 d
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shock, or heert feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	List only one cause on  a. Cerebra  OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  A Nemia  a contributing to death  HOSPITAL: 11 Impatient 2 = ER/O  28e. DATE OF INJUR (Morth, Dey, Ves.)  28e. PLACE OF INJUR building, etc. (S)	And And And And And And And And And And	OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing ME OF 1, street, factory,	riying cause g  26. PLACE OF DI  Home 5 Ra  C. INJURY AT  WORK?  YES 2  office	given in	Part I.  B Other  28d. DE:  28t. LOCCIty  to the ca	24a. WAS AN PERFOR 1 TYPES 2  THE STATION (Street or Yown, State)  LEATION (Street or Yown, State)	AUTOPSY RMED?	24b CURED or Rural I	Interval Between Onset and Death 3 d 3 d 1 G d 5 d 1 G d 5 d 1 G d
shock, or heert feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	A CONTRIBUTION OF ASSESSED FLACE OF INJURE TO COR ASSESSED ASSESSE	And And And And And And And And And And	OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing ME OF 1, street, factory,	riying cause g  26. PLACE OF DI  Home 5 Ra  C. INJURY AT  WORK?  YES 2  office  date and place, ion, death occur	given in	Part I.  eck only or  6 Othe  28d. De:  to the ca	24a. WAS AN PERFOR 1 TYPES 2  THE STATION (Street or Yown, State)  LEATION (Street or Yown, State)	AUTOPSY MED?  NJURY OCC  and Number  nner se state  ind due to the	24b CURED or Rural i	Interval Between Onset and Death 3 d 3 d 1 G d 5 d 1 G d 5 d 1 G d
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shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	A CONTRIBUTION OF CALL OF INJURY (Morth, Day, Year Dulling, etc., (S)	A CONSEQUENCE CONTENT OF THE PROPERTY OF THE P	OTHER: OTHER: OTHER: Street, factory, arred at the time, ion, in my opini	riying cause g  26. PLACE OF Di  Home 5 Ra  c. INJURY AT  WORK?  YES 2  office  date and place, don, death occur	given in EATH (Charaldence NO	Part I.  eck only or  6 Other  28d. De:  to the cautime, date  MBER	24a. WAS AN PERFOR	AUTOPSY MED?  INJURY OCC  and Number  more se state  de due to the	24b  CURED  or Aural I	Interval Between Onset and Death 3 d 3 d 1 G d 5 d 5 d 5 d 5 d 5 d 5 d 5 d 5 d 5 d

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) 5/28 19

OHMH-16 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHASICIAN: The law requires that the death certificate be executed within any completely filled in by the function, page 5 may be retained by the hospital or attending physician and completely filled in by the function, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Site Depar Otherath and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DEF	PARTMENT OF		MENTAL HYGIEN		1 14688
1	1. DECEDENT'S NAME (First, Middle, Last)	11.			2. DATE OF DEATH DA	YE/	
	4, SOCIAL SECURITY NUMBER 6, SEX	Vreeza	(av) IF UNDER 1 YEAR		5 Z		IRTHPLACE (State or Foreign
		-	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year)	0	ountry)
	9a. FACILITY NAME (if not institution, give street and	Λ / 0	9b. CITY, TOWN	OR LOCATION OF DE	10-1-12 ATH	9c. COUNTY	lwankee OF DEATH
R	Anne Arundel Me	dical Center	Anna	polis		Anne	Arundel
اظ	RESIDENCE OF DECEDENT  10e, STATE 10b, COUNTY	100	. CITY, TOWN OR LOC				10d. INSIDE CITY
DIRECTOR	Wisconsin Waukes						LIMITS?
A.	10e. STREET AND NUMBER	IIa	Pewaukee	Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	315A Parkhill D	rive		53072		USA	
F		AS DECEDENT EVER IN U.S. ARMED PRCES? 1 YES 2 W NO		CENDENT OF NISPAN pecify Cuban, Maxica	IC ORIOIN? (Specify Yar n, Puarto Rican, atc.)	or No- 14.	RACE — American Indian, Black, Whita, etc.
BY	3 Widowed 4 Divorced	YES, GIVE WAR OR DATES 25	1 🗆 YE	S 2 NO Specify	•	2	Specify: White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	16e. DECEDE	NT'S USUAL OCCUPAT	TON most of working	16b. KIND OF BU	SINESS/INDUST	
COMPLETED	Elementary/Secondary (0-12) College	ge (1-4 or 5+) Iffe. Do N	d of work done during n OT use retired.)	or working			
MP	12 grade 17. FATHER'S NAME (First, Middle, Last)	Ног	ne Maker		ME (First, Middle, Maiden	Home	
8	Jan Gromacki						
BE	19a, INFORMANT'S NAME (Typo/Print)	19b, MAI	LINO ADDRESS (Street		nine Gro Route Number, City or Yow		53188
5	Corinne A. Hell	mer W.2	79 N. 99	6 Woodr	idae In	Wanke	sha Wisc
	20a, METNOD OF DISPOSITION 1 3 Burlal 2 Cremation 3 Removal fro	20b. PLACE OF DI	SPOSITION (Name of c		20c. L.0	CATION — City	or Town, State
	4 Donation 5 Other (Specify)			OSS Ceme	etery M	ilwauk	ee
	Poto XX	SILLE			son Fune	cal Ho	mes
	23. PART I. Enter the diseases, or compile	callone that caused the death	Do not enter the m	lington	Virginia	222	O L Approximate
	shock, or heart failure. List on	ly one ceuse on eech lina.					interval Between Onest and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cerclellan	Contra	execules	, and	2 of	
	a	DUE TO (OR AS A CONSEQUEN	CE OF):	THE TAXABLE PARTY OF THE PARTY	- MANAGE		
NO	Sequentially list conditions, b	DUE TO (OR AS A CONSEQUEN	CE OFI:				
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING						
IFI	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUEN	CE OF):				
HH	resulting in death) LAST						
	PART II. Other significant conditions cont	ributing to death but not resul	ting in the underly	ng cause given in	Part i. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
200	- Hypertensus				1 _ YES		COMPLETION OF CAUSE OF DEATH?
ME							1   YES 2   NO
AN	25. WAS CASE REFERRED TO MEDICAL		200	PLACE OF DEATN (Ch	ant anti-anal		
SICI	EXAMINER? HOS	PITAL: npatient 2 - ER/Outpatient 3 - D	OTHER:	ome 6 Residence			
BY PHYSICIAN: MEDICAL			TIME OF 28c. I	NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
3Y F	1 X Netural 6 Pending 2 Accident Investigation	(month, buy, rout)		YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide detarmined	16e. PLACE OF INJURY — At home, f building, etc. (Specify)	arm, street, factory, of	lice	261. LOCATION (Street City or Town, Stell		Rural Route Number,
ET	200 CENTIFIED						
COMPLETED	(Check only	to the bast of my knowledge, death of the basis of examination and/or investigation.					suse(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1 1		29c. LICENSE NUI		29d. DATE SI	ONED (Month, Pay, Year)
TO BE	Mary 6	wanus MI		13	31602	5	127/9/
F	30, NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)				ı
	31. DATE FILED (Month Day, Year) 3	A REGISTRAR'S SIGNATURE					
	1 NORTH ST. 4/3/34 /1	C. Barrela a Bharlage					
	MAY 31 1991	MULTURO (NESSYC-LYCONOCOCO					

91 14688

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 mm. TO THE FUNERAL ORECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must

FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) SCOTIA		H,ELE	N A	WC	OMAC	CK		2. DATE OF DEATH	PO	1991	3. TIME OF DEATH 5:55 A
4. SOCIAL SECURITY NUMBER 223 20-6430	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1	YEAR DAYS	IF UNDER :	24 HRS. MIN.	7. DATE OF BIRTH	927	6. BIFITHE	PLACE (State or Foreign ) M D
9a. FACILITY NAME (If not institution, give a 2608 W. FAYETTE	treet and number)	03	ing.			H LOCATIO		EATH		INTY OF DE	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT  MD	Y		100	Baltimore					10d. INSIDE CITY LIMITS?  1 TYES 2 NO		
100. STREET AND NUMBER 2608 W. Fayet	te St.			10f. ZIP CODE 2.1.2.2.3				10g. CITIZEN OF WHAT COUNT			
11. MARITAL STATUS  1 Never Merried 2 Merried  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES				13. WAS OECENDENT OF HISPANIC ORIGIN If yes, specify, Cuban, Mexican, Puarto F 1  YES 2  NO Specify:					es or No—	- American Indian, White, etc.	
16. DECEDENT'S EDI. (Specify only highest gradi Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	+) (G	live kind of Do NOT u	USUAL OCT work done do se retired.)	uring mo	ON st of working	g	16b. KIND OF B	USINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Last)						- F-4-1111-1-1-1-1		ME (First, Middle, Meide			
Charles Balla  19e. INFORMANT'S NAME (Type/Print)	rd	I a			-			ie Richa			
James Womack		19						ST., Bal			21223
20a_METHOD OF DISPOSITION 1 \( \bar{\text{Aburlel 2}} \) Cremation 3 \( \bar{\text{Ren}} \) Ren 4 \( \bar{\text{Donation}} \) Other (Specify)	ovet from State	20b. PLACE of Gemetary	E AND DAT	e of dispo	res	(Name	Α.	6-4 OW			ls, MD.
21. SIGNATURE, OF FUNERAL SERVICE U	CENSEE	n	/	22. N	Jos 191	eph	B B	Brown J	r. P	A. 212	23
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	O SCLERO O (OR AS A CONSE	OUENCE O	OF):	OVA	SCULIA	IR.	DISEASE			
CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO	O (OR AS A CONSE	OUENCE O	PF):							
PART II. Other significant condition	ns contributing to	danth but not	resulting	In the unc	derlyin	g cause g	jiven in			7 24b.	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL FYAMINER?						LACE OF OI	EATH (C	eck anly one)			
YX YES 2 NO 27. MANNER OF DEATH	26e. DATE O	□ ER/Outpatient : F INJURY Day, Year)	26b. TIR		ing Horr	IURY AT	sidence	6 Other (Specify) 28d. DESCRIBE HOV	V INJURY O	CCURED	
Natural 5 Pending Investigation  3 Suicide 8 Could not be determined	28e. PLACE	OF INJURY — At h		М	1 🔲	YES 2	NO NO	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
20- CERTIFIED	IICIAN: To the best							to the cause(s) and n			
(Check only	ER: On the basis of	examination and/or	gat.						and due to	the cause(s	) and manner as stated
(Check only		examination and/or				29c. LICE	ENSE NU	MBER			) and manner as stated (Month, Day, Year)
(Check only one) 2 MEDICAL EXAMIN	Pelle )	) rd				29c. LICE	OCN			TE SIONED	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND N F DEATH	MENTAL HYGIENE REG. NO.		14030
	1. DECEDENT'S NAME (FISH, MICHIGAN)	Woodland		land		2. DATE OF DEATH DAY MONTH DAY MAY 28. 1		3. TIME OF DEATH
1		1 XM 2 □ F 68	in yrs. last birthday) YRS.	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/4/22	8. Bi	IRTHPLACE (State or Foreign ountry)
TOR	Loch Raven VA Meresidence of Decedent				N OR LOCATION OF DE	9c. COUNTY OF DEATH		
DIRECTOR	10e. STATE 10b. COUNTY  MD			r, TOWN OR LO				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
RAL	10e. STREET AND NUMBER			T T T T T T T T T T T T T T T T T T T	101. ZIP CODE			OF WHAT COUNTRY?
BY FUNERAL	2513 Francis St  11. MARITAL STATUS  1 Never Married 2 X Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 12 YES IF YES, GIVE WAR OR DA WW 2	2 NO	If yes	21217 DECENDENT OF HISPAN Specify Cuban, Maxican ES 2 X NO Specify			RACE American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCAI (Specify only highest grade co Elementary/Secondary (0-12)			USUAL OCCUP work done during se retired.)	ATION most of working	Vario		ay .
BE COM	17. FATHER'S NAME (First, Middle, Lest) Clarence Woodlan	d			RMXMXM	ME (First, Middle, Maiden S	Helen	0 2
2	190. INFORMANT'S NAME (Type/Print) Ruth Woodland		77.000.00			alto., M		217
	20a. METHOD OF DISPOSITION 1 A Burisi 2 Cremation 3 Remove 4 Dongton  Other (Specify)	al from State G	other place) arrison	Fore	cemetery, crematory or st Md. V	. CemOwin	ngs Mi	ills, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN		20	1712 Balt	and address of fac -14 W. N o., Md.	orth Ave 21217	Carrol •	L1 F/H
	23. PART i. Entar the disasses, or conshock, or heart feilure. Lie immediate CAUSE (Finel disease or condition resulting in death)		ech line.	1	geal Car		ratory arreat,	Approximate interval Between Oneet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST		CONSEQUENCE O					
CAL	PART II. Other aignificant conditiona	contributing to death b	out not resulting	in the underl	ying cause given in	Part I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)		
BY PHYSICIAN: MEDI	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c.	INJURY AT WORK?  YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW to	NJURY OCCURE	ED .
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	JURY — At home, farm, street, factory, olfice 28f. LOCATION (Street					ural Route Number,
COMPLETED	CONSCR DINY	AN: To the best of my know						use(s) and many ar as stated.
TO BE	29b. SIGNATURE AND TITLE OF CENTER IER  30. NAME AND ADDRESS OF PERSON WHO	Marcus COMPLETED CAUSE OF DE	ARTO GO	HF pe	29c. LICENSE NUI	ABER .	≥ 5/	S 9 1
		O AE						
	MAY 31 1991 Ju	32. REGISTRAR'S SIGN						

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PHYSII	this ce	rked,
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ATTEN	CTOR:	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he fined within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITA	NERAL Thin 72	NT: H
光光	市門	<b>JHTA</b>
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ANTHONY
31. DATE FILED (Month, Day,
MAY 3 1

1991

1. DECEDENT'S NAME (First, Middle, Last)		C		DATE OF	F DEATH	2. DATE	REG. NO		YEAR	3. TIME OF	DEATN
EDNA E. WEISMAN						05	20		91	102	3 P
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In		IF UNDER 1 YEAR		(84-	OF BIRTH		8. BIRT	NPLACE (State	or Foreign
213-10-2730	1 M 2 F		31 YRS.	IONTHS DAYS	HOURS MIN		/22/190	09	MA	ÄRYLAN	D
9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TOW	OR LOCATION OF	DEATN		9c. COU	ITY OF	DEATN	
GREATER BALTIMOR	E MEDICA	L CENTE	R	TOWSO	N, MARY	LAND		BA	LTIN	MORE	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOC	CATION				-	10d. INSID	CITY
MARYLAND BAL	TIMORE		COC	KEYSVI	LLE					LIMITS	
10e. STREET AND NUMBER			1 000		101. ZIP CODE			10g. CITI	ZEN OF	WHAT COUN	
300 INTERNATIONAL	CIRCLE-	MD. MASO	ONIC H	IOME	21030				USA		
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	PMED		ECENDENT OF NIS				14. RAC	CE — America	n Indian,
1 Never Married 2 Married	FORCES? 1		NO	If yes,	specify Cuban, Ma ES 2 NO Sp	dcan, Puerto edfy:	Rican, atc.)			ck, White, etc.	
3 X Widowed 4 Divorced										°#y:WHIT	E
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(0	live kind of wo	SUAL OCCUPA	TION most of worlding	16	b. KIND OF BU	SINESS/IND	USTRY		
Elementary/Secondary (0-12) 12 YEARS	College (1-4 or 8	+)	CLEDI/	retired.)			DARER	DOV			
1 1 1 1 1 1 1 1 1			CLERK				PAPER		CO.		
17. FATHER'S NAME (First, Middle, Last) ARTHUR KNICKMAN							Middle, Maiden				
19a. INFORMANT'S NAME (Type/Print)				DDDT-00 (O)	t and Number or Ru	ABETH	BERNI				
EDNA R. SHAFFER					BRANCH		ELLIC(			MD	24042
				OF DISPOSITION		DA.		CATION -			21043
20a, METHOD OF DISPOSITION  1 A Puriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from Stata	of cemen				1		TIMO			
4 @ Donation o @ Other (opocity)			PIALIC	CEMETE	RY	D/.					
21. SIGNATURE OF FUNERAL SERVICE LIC		7	JILKIN							MD.	_
	Low	mes 7.a	Burns	MITE	HELL WI	DEFEL	D HOME	E, IN	C .		
▶ JAMES F. BURN	SIDE JR	mes 7, a	Burns	MIT 6500	HELL WI YORK RI	DEFEL DEFEL	D HOME	E, INC	C. D.	21212	
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DEATN (ITEM 27) (Type, Print)
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IMPORTANT: If item 28 is marked, or item 23 shows any injury,

4. SOCIAL SECURITY NUMBER  354-18-2210  9a. FACILITY NAME (If not instite  Washington ( RESIDENCE OF DECEI  10a. STATE 16  Arizona  10a. STREET AND NUMBER  12445 N. 28th  11. MARITAL STATUS  12. Never Married 2 Ma  3 Wildowed 4 Divorce  15. DECED (Specify only in  Elementary/Secondary (0-12  12 years	Atlon, give street and n County Ho DENT 10. COUNTY Maricopa 1 Drive 12. WAS FOR 16 YI  ENT'S EDUCATION pheet grade completes	Apt. K	AGE (In yrs. lest	Pho	Hagers T, TOWN OR LOCA Penix		7. DATE OF BIRTH (Month, Day, Year) NOV. 15, 1	925 N % count Washi	country) lary lary rof DEAT	ГН
354-18-2210  9a. FACILITY NAME (If not Institute Washington (RESIDENCE OF DECEI 10a. STATE Arizona  10a. STATE Arizona  10a. STREET AND NUMBER 12445 N. 28th  11. MARITAL STATUS  14. Never Married 2 Marital STATUS  15. DECEDING (Specify only in the Institute Status)  Elementary/Secondary (0-12 12 years	AXIM  Atton, give atreet and in  County Ho  DENT  Ib. COUNTY  Maricopa  1 Drive  12. WAS  FOR  IF YI  d  College  College  College	Apt. K	21 PER IN U.S. ARINYES 2 NO ROATES	YRS.  10c. CIT Pho	96. CITY, TOWN Hagers  Y, TOWN OR LOCA enix	OR LOCATION OF D	Nov. 15, 1	925 N % count Washi	country) lary lary rof DEAT	and on M. INSIDE CITY LIMITS?
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		(1-4 or 5+) ICS	(Gh	ve kind of Do NOT u	usual occupat work done during m se retired.)	ION lost of working	16b. KIND OF BU			
17. FATHER'S NAME (First, Middle Frank Alexan	nder					Susar	ME (First, Middle, Meiden Amelia Wa	igner		
Mary E. Rou.					abberry A		Aoute Number, City or Tow Hagerstown,			21740
20a. METHOD OF DISPOSITION 11 Burial 2 Cremation 4 Donation 6 Other (St	3 - Removal from	State	206. PLACE of Comptany.	and date	e of disposition of the central centra	N (Name	1	iletowi		aryland
21/SIGNATURE OF FUNERAL S	2 > 44 :	mic	N			Id N. Mir ral Home				ac Street Maryland
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immediacause. Enter UNDERLYING	ita .	DUE TO (OR	AS A CONSEC	DUENCE C	Archero	relevolie	Gent De	vacue		Onset and Dea
CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO (OR	AS A CONSEC	DUENCE C	PF):					
PART II. Other significant	conditions contri	buting to dea	ath but not re	esulting	in the underlyi	ng cause given in	Part i. 24a. WAS AMPERFO	RMED?	C	TERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO I	MEDICAL				26. 1	PLACE OF DEATH (C	heck only one)		_	
EXAMINER?  1 YES 2 NO		PITAL:	l/Outpatient 3	□ DOA	OTHER: 4   Nursing Ho	ome 5 - Residence	6 Other (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pe	1000	e. DATE OF INJ (Month, Day, )		28b. TII	JURY W	NJURY AT YORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
3 Suicide 6 Co		e. PLACE OF IN building, etc.	IJURY — At he (Specify)	me, farm,	atreet, factory, off	fice	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)			
CONTROL ONLY							e to the cause(s) and ma			ind manner as stated.
29b. SIGNATURE AND TITLE O	F CERTIFIER	en w	D			29c. LICENSE NO				Aonth, Day, Year) 3 - 5 (
30. NAME AND ADDRESS OF F						town. M	aryland	217	40	

BALTIMORE, MARYLAND 71215-0020

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) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be reflained by the hospital or	) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached 🔭	ified within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and management of the contract
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	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	14033		
	1. DECEDENT'S NAME (First, Middle, Last) Ann Abate	ANN J. ABATE		2. DATE OF DEATH DAY	3. TIME OF DEATH		
	164-16-55701	□ M 2 F 75 YRS. M	F UNDER 1 YEAR   IF UNDER 24 HRS, NONTHS DAYS HOURS MIN.	10-14-15 PI	BIRTHPLACE (State or Foreign Country) ENNSYLVANIA		
TOR	RESIDENCE OF DECEDENT	dventist Hospital	Takoma Pa		intgomery		
DIRECTOR	10a. STATE 10b. COUNTY	e George's	ADELPHI		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	1801 METZE	ROTT ROAD	10f. ZIP CODE		S A		
B	11. MARITAL STATUS  1 Newer Married 2 Merried  3 Wildowed 4 Divorced	R. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPA If yes, specify Cuber, Mexico 1 YES 2 NO Specifi	in, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, etc.		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		rk done during most of working retired.)	16b. KIND OF BUSINESS/INDUS	TRY		
COM	17. FATHER'S NAME (First, Middle, Last)	HOHEMAK		AME (First, Middle, Malden Surname)			
BE	UNKNOWN  19a. INFORMANT'S NAME (Type/Print)	19h MAILING	SOPHIE	Route Number, City or Town, State, Zip Co	v(e)		
2	DONNA M. BALDERSON			DORF, MARYLAND 2			
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 N Remova	20b. PLACE AND DATE of cemetary, crematory of	OF DISPOSITION (Name or other place)	DATE 20c. LOCATION — Cit	y or Town, Stata		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FONERAL SERVICE LICEN		& PAUL CEMETER 22. NAME AND ADDRESS OF FA	CILITY			
	1/1/5	5(1)		LLINS FUNERAL HOY BLVD., W., SIL			
		nplications that caused the death. Do not only one cause on each line.					
	IMMEDIATE CAUSE /Final		1 4/2		Onset and Death		
	reaulting in death) a	Cardiac Aconsequence of ARTERIOS CLERE	2 44 P JM 1 4	>	MINURES		
NO		ARTERIOS CLERO DUE TO (OR AS A CONSEQUENCE OF)	tic Cardio V.	MULAR DISE	ASE YEARS		
CATI	If any, leading to immediata cause, Enter UNDERLYING CAUSE (Disease or injury						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):	4				
	d.			I			
PHYSICIAN: MEDICAL		contributing to death but not resulting in		Part I. 24e, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
NAI	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATN (C	heck only one)			
YSIC	1 X YES 2 NO 1	☐ Inpatient 2	OTHER: 4  Nursing Home 6  Residence				
Y PH	27. MANNER OF DEATN  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	OF 28c. INJURY AT WORK?  M 1 YES 2 NO	284. DESCRIBE NOW INJURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — AI home, ferm, st building, stc. (Specify)	reet, factory, office	261. LOCATION (Street and Number of City or Town, State)	Pural Route Number,		
COMPLETED	Torroom oray	N: To the best of my knowledge, death occurred On the basis of examination and/or investigation					
BE	296 SIGNATURE AND TITLE OF CERTIFIER	no Depoty Med	29c. LICENSE NU	MBER 29d, DATE:  1 2	SIGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO CO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, REM) 4203 (NURCY	Sbury Rd Hy	52 > 5	20181		
	31. DATE FILED (Morth, Day, Year)	32. REGISTRAR'S SIGNATURE					

isit permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O.	

	GAITHER	Du	delatte.	MONTH DAY	3 1991	/357 m			
		Laur	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BINTH (Month, Day, Year) 5-2-1914	8. BIRTHPLA	NCE (State or Foreign			
	218-12-9084 XIM20F	/b YRS.				land			
H.	9a. FACILITY NAME (If not institution, give street and number) PENINSULA GENERAL HOSP		s. CITY, TOWN OR LOCATION OF DI SALISBUE		9c. COUNTY OF DEAT				
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY	Les OUTV		d, INSIDE CITY					
SIE	Md. Wicomico		10c. CITY, TOWN OR LOCATION  Salisbury  1						
1 1	10e. STREET AND NUMBER	Dai	101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	Rt #2 Box 260		21801		U.S.A.				
BITFU		EVER IN U.S. ARMED YES 2 NO R OR DATES Army	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica 1 YES 2 KNO Specif	es or No—  14. RACE — American Indien, Bleck, White, atc.  Specify:  White					
B	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S US	VAL OCCUPATION or done during most of working stired.)	16b. KIND OF BUS					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		etired.) S Poultry Gr	ower	Own Far	m			
S	17. FATHER'B NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
BE	John Aydelotte  190. INFORMANT'S NAME (Type/Print)	10h MAII ING AC	Marcie ORESS (Street and Number or Rural	Bosto					
2	Yetive Aydelotte		as 10.	House Number, City or lown	, State, Zip Cooe)				
	20s. METHOD OF DISPOSITION  Burial 2 Cremation 3 Ramoval from State	20b. PLACE AND DATE O	FDISPOSITION (Name other place) Memorial Par	DATE 20c. LOC	CATION — City or Town,	Stata			
	4 Donation   Diper (Specify)  21. SIGNATURE OF EMBERAL SERVICE LICENSEE	0	22. NAME AND ADDRESS OF FA		risbuiy,	nu.			
	· Suald C/ou	nels	Bounds Fune	ral Home,	Salisbu	ry, Md.			
	23. PART I. Enter the diseases, or complications that shock, or heert fellure. List only one cause	caused the deeth. Do not e on each line.	enter the mode of dying, suc	h as cardiac or reepl	ratory arreat,	Approximate Interval Between			
	MMEDIATE CAUSE (Final disease or condition			4		Onset and Death			
	resulting in death) a. DUE TO (C	OR AS A CONSEQUENCE OF):	Infanc			James			
NO	Sequentially list conditions, b.	OR AS A CONSEQUENCE OF):							
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
CERTIFICATION	that initiated events DUE TO (C resulting in death) LAST	OR AS A CONSEQUENCE OF):		v					
	PART II. Other significant conditions contributing to d	leath but not resulting in	the underlying ceuse given in	Part I. 24s. WAS AN		ERE AUTOPSY FINDINGS			
MEDICAL	chronic int	erofitiac	fibrosis La	PERFOR	CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
MEC				_		YES 2 NO			
AN:	DE MAR CARE DEFENDED TO MEDICAL		00 PLACE OF BEATH (0						
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inputent 2		26. PLACE OF DEATH (C) THER:  Nursing Home 5 Nesidence						
PHYSICIAN	27. MANNER OF DEATH 28a. DATE OF II (Month, Den	NJURY 28b. TIME (	OF 28c. INJURY AT	26d. DESCRIBE HOW II	NJURY OCCURED				
ВУ	1 Netural 5 Pending 2 Accident Investigation		M 1 YES 2 NO						
TEO	3 Suicide 6 Could not be 4 Homicide determined	INJURY — At home, ferm, stretc. (Specify)	et, factory, offica	28f. LOCATION (Street a City or Town, State)	and Number or Rural Roui	te Number,			
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of money 2 MEDICAL EXAMINER: On the basis of axis					nd manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	10 15	29c. LICENSE NU	MBER	29d. DATE BIGNED (M	fonth, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	E OF DEATH (ITEM 27) (Type, P		711	( )				
15	WILLIAM R. Ellis ~	TY MD	100 Power	Str Sa	liebur	g.Md1			
114	MAY 1 4 91 Chiefe	Hoon Fundate				2801			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

14694

DHMH-16 Rev 1/89

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AND 21215-0020

BALTIMORE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

- 24	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CE		OAIL	. OF	DEAT	-	2. DATE OF		_		TIME OF DEATH
-11	MARGARET M.	ANDERSO	ON						MONTH 5/	15/9		YEAR	·50 P
	4. SOCIAL SECURITY NUMBER	S. SEX 6. /	AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	_	6. BIRTHPLA	CE (State or Foreign
	112-09-5810	□ M 2 □X	84	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month, D	1/06		Country)	NY
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN OR LOCATION OF DI			N OF DE				TY OF DEATH		
٤١	43 Tuckahoe Ho	use Tall	bot V:	i11a	ige	E	asto	n			Ta	lbot	
DIMECTOR	RESIDENCE OF DECEDENT												
#	10a. STATE 10b. COUNTY			141	, TOWN O		ON						I. INSIDE CITY LIMITS?
		albot		F	ast								YES 2 NO
\$	10e. STREET AND NUMBER	m-11	- A T7.	411.		10f.	ZIP CODE						COUNTRY?
	43 Tuckahoe Ho						216					USA	
BY FUNEHAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EV FORCES? 1 T IF YES, GIVE WAR (	YES 2 ZON	MED O	1	f yes, spe		n, Maxicai	IIC ORIGIN? ( n, Puerto Rici :		or No—	14. RACE — Black, W Specify: Whi	
2	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DEC	CEDENT'S	USUAL OC	CUPATIO	N of undelen		16b. Ki	ND OF BUSI	NESS/IND	USTRY	
COMPLEIED		College (1-4 or 8 +)		ve kind of w Do NOT us				9					
Ĭ	12	5	So	cial	. Wo	rke:	r			Gove	rnme	nt	
5	17. FATHER'S NAME (First, Middle, Last)	FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Maiden S							Surname)				
ш	Percy F. Melville Ada Willia						llia						
0	19a. INFORMANT'S NAME (Type/Print)												02040
										93940			
	20a. METHOD OF DISPOSITION  1		20b. PLACE of cemetary,				(Name		DATE	20c. LOC	ATION — (	Olty or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	STELLOS L	T CT	F31	0 M B	ary	lano imor	l An	atom	ical	Boa	rd	
- Sec. 50	23. PART I. Enter the diseases, or con ahock, or heert failure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a.	mplications that ca	used the day	eth. Do n				1	yare	, 1		est,	Approximate interval Betwee Onset and Dea
	Sequentially list conditions, b.	AS A CONSEC	MAZ MENCE OF	we	CN	inc	004	Orul	ha 1	fis	eng	zog	
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	DUENCE O	F):								
MEDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events			eaulting	in the un	nderiying	j cause g	given in		4a. WAS AN / PERFORI	MED?	CC Of	ERE AUTOPSY FINDING ALLABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO
- I	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?		ath/but not n	eaulting	other	28. PL	ACE OF D	EATH (Ch	eck only one)	PERFORI	MED?	CC Of	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	contributing to dea	ath/but not n	DOA 26b. TIM	OTHER	28. PL R: sing Hom 28c. INJ WO	ACE OF D	EATH (Ch	eck only one) 6  Other (	PERFORI	NO NO	All CC	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
- I	cause. Enter UNDERLYING CAUSE (Disease or Injury that inflated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending	oontributing to dea	ath/but not not not not not not not not not no	DOA 26b. TIM	OTHER	28. PL R: sing Hom 28c. INJ WO 1 🔲 1	ACE OF DO	EATH (Ch	6 Other (	PERFORI	JURY OCC	All CC	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?

296. SIGNATURE AND TITLE OF CENTRIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1308713

CAUSE OF DEATH (ITEM 27) (Type, Print)

William Wood, 606 Dutchmans Lane Easton, MD 21601 Jr., н. M.D.,

32. REGISTRAR'S SIGNATURE
Guida Wardson - Rondolle 31. DATE FILED (Month 1691

1 - FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  2. TIME OF DEATH													3. TIME OF DEATH		
D BY FUNERAL DIRECTOR	Ethel Ma						5	17		91	1					
	4. SOCIAL SECURITY NUMBER 213 74 4661		_ 37		(In yrs. last birthday) 86 YRS.		MONTHS DA		UNDER	R 24 HRS.	7. DATE (Month	Dey, Year)	04	8. BIRTI		
	9a. FACILITY NAME (If not in	street end number)		00	-	9b. CITY, TO	WN OR L	OCATI	ON OF DE				NTY OF D			
	1238 Deer Park Rd.									ster				Carroll		
	RESIDENCE OF DE	10b. COUNT	TY			10c. CITY	TOWH OR L	OCATION						10d. INSIDE CITY		
	MD	arroll				Wes	tmi	ne	ster					LIMITS?		
	104. STREET AND NUMBER			1101	101. ZIF					10g. CIT	TIZEN OF WHAT COUNTRY?					
	1238 Dee			2	11	57			TT.	S.						
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 1 Divorced					2 NO If yes,						IIC ORIGIN? (Specify Yea or No- n, Puerto Rican, atc.)			E — American Indian, k, White, etc.	
											1				T re	
COMPLETED	(Specify on	le completed)	ompleted)			ECEDENT'S USUAL OCCUP Give kind of work done during to. Do NOT use retired.)					16b. KIND OF BUSINE		DUSTRY			
ا چ	Elementary/Secondary (	0-12)	College (1-4 or 5	i+)								210				
\$	17. FATHER'S NAME (First, A	tiddio Loot				nous	ewife			AFRICALIA	ME (5) (	n/a	0	_		
_			Elmis a mt	07.00				16				E (First, Middle, Meldon Sumemo) Ellen Blizzard				
BE	John Wil		Ernest	GT0/	· V	****										
2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>a</b>	1		ADDRESS (St									
	Mr. Melv			Sr.			Deer				لبع					
	20 METHOD OF DISPOSIT		movel from State	206.	other pla	ce)	ITION (Name								iown, Stata	
	Deer Park Cemeter Westminster. MD.												er. MD.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Pritte Finance Home & Chanel											e]				
	Pritts Funeral Home & Chapel  Robert K. Pritts. Sr. 412 Washington Rd., Westminster, M															
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death) LAST  Onset and Definition of the proof of the pr															
B	d															
TO BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the u							iderlying cause given in P			Part I.	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 40		24	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Yes 2 70	
	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)															
	EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 A State of Other (Specify)															
	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  28c. INJURY AT WORK?  28d. DEŞCRIBE HOW INJURY OC INJURY AT WORK?									CCURED						
	2 Accident Investigation 3 Suicide 6 Could not be determined 25s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)										281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	29b. SJENTTURE AND TITLE OF CONTIFIER  29c. CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(a) and manner as stated.  (Chack only one)  2   MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner at 29b. SJENTTURE AND TITLE OF CONTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Ye															
	30. NAME AND ADDRESS OF TOHN 31. DATE FILED (Month, De)	MIC	- 1	USE OF DEA	ATH (ITEI	BALT	Print)	B	LV	D,	NES	TMIN	STE	2,1	P	
ļ	MAY 20'		Julia	Devidoor	-13	ndebl										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

14696

DHMH-15 Rev 1/89

and the second second

Arthur Lewis Bowman  4. SOCIAL SECURITY NUMBER 2. SEX 2. S	INSIDE CITY LIMITS? YES 2 NO COUNTRY?  merican Indian, ta, atc.  White				
4. SOCIAL SECURITY NUMBER 2.15-26-9195  90. FACILITY NAME (If not Institution, give street and number) 90. FACILITY NAME (If not Institution, give street and number) 90. FACILITY NAME (If not Institution, give street and number) 90. FACILITY NAME (If not Institution, give street and number) 90. COUNTY OF DEATH CAIRCOLUMN CAIRCOL	E (State or Foreign  nd  I  INSIDE CITY LIMITS? YES 2 NO COUNTRY?  Merican Indian, ta, atc.  White				
215-26-9195  1	INSIDE CITY LIMITS? YES 2 NO COUNTRY?  merican Indian, ta, atc.  White				
Carroll County General Hospital Westminster Carroll  Residence of Decedent  106. STATE 108. COUNTY  Md. Baltimore Upperco  107. STATE 108. COUNTY  Md. Baltimore Upperco  108. STATE 108. COUNTY  Md. Baltimore  109. CITIZEN OF WHAT OF LICATION  Upperco  11. MARTAL STATUS  11. MARTAL STATUS  11. MARTAL STATUS  11. Never Married 2 Merried  12. WAS DECEDENT STEP IN U.S. ARMED  13. WAS DECEDENT OF STATE OF WHAT OF LICATION  14. MARTAL STATUS  15. MARTAL STATUS  16. STREET AND NUMBER  15. MARTAL STATUS  16. STREET AND CREAM OF ROADS  16. MARTAL STATUS  17. Never Married 2 Merried  18. MOTHER SHAME (Fine) Floate, etc.)  18. MOTHER'S HAME (Fine) Middle, Least)  18. MOTHER'S NAME (Fine) Middle, Metalon Summent)  18. MOTHER'S NAME	inside city Limits? YES 2 NO COUNTRY?  merican Indian, ta, atc.  White				
RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Md. Baltimore Upperco 106. TY, TOWN OR LOCATION UDPERCO 107. STREET AND NUMBER 15811 Hanover Road 11. MARITAL STATUS 11. NAVE Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 1 YES 2 NO 11 yes, specify Cuben, Married 12 News Married 2 No Married 14. PYES, 21 WAS DECEDENT'S EUGLAN Married 15. DECEDENT'S EUGLAN Married 15. DECEDENT'S EUGLAN Married 16. DECEDENT'S USUAL OCCUPANT Married 17. FATTHER'S NAME (First, Middle, Last) Arthur Clayton Bowman 159. INFORMANT'S NAME (First, Middle, Last) Arthur Clayton Bowman 159. INFORMANT'S NAME (First, Middle, Last) Arthur Or Brown from State 15. DECEDENT OF STATE OF CORP. S	inside city Limits? YES 2 NO COUNTRY?  merican Indian, ta, atc.  White				
16. STREET AND NUMBER  15811 Hanover Road  11. MARITAL STATUS  11. Never Married  12. WAS DECEOENT EVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC CRIGINT (Specify Yea or No—  14. RACE—Ann  15. Never Married  16. Nover Married  17. Never Married  18. Not Decedent Cuben, Marken, Puarto Rican, etc.)  19. Decedent of Divorced  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Decedent's Education  19. Marticle of work done during most of working  19. Decedent's Name (First, Middle, Last)  Arthur Clayton Bowman  19. Informant's Name (First, Middle, Last)  Arthur Clayton Bowman  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Decedent Name  19. Marticle of Control Name  19. Marticle of Control Name  19. Decedent Name  19. Marticle of Control Name  19. Decedent Name  19. Marticle of Control Name  19. Decedent Name  19. Decedent Name  19. Decedent Name  19. Marticle of Name  19. Decedent Name  19. Decedent Name  19. Decedent Name  19. Decedent Name  19. Decedent Name  19. Decedent Name  19. Decedent Name  19. Decedent Name  19. Decedent Name  19. Decedent Name  19. Decedent Name  19. Decedent Name  19. Decedent Name  19. Decedent Name  19. Decedent Name  19. Decedent Name	YES 2 NO COUNTRY?  merican indian, ta, atc.  White				
16. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. STREET AND NUMBER  15. MARITAL STATUS  16. NAME (Process or No. If yes, specify cuben, marken, puerto Rican, etc.)  16. NECOMENT SEDUCATION  16. NECOMENT SEDUCATION  16. NINO OF BUSINESS/INDUSTRY  16. N	ves 2 No country?  merican indian, ta, atc.  White				
Specify:   Specify:	merican indian, ta, atc.  White  tota  and				
11. MARITAL STATUS 1 Never Married 2 Married 3 Married 4 Married 3 Married 3 Married 3 Married 4 Married 6 Married 7 Married 8 Married 8 Married 8 Married 9 Married 8 Married 9	White				
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  7th grade  17. FATHER'S NAME (First, Middle, Last)  Arthur Clayton Bowman  19a. INFORMANT'S NAME (First, Middle, Last)  Phyllis V. Bowman  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  17. FATHER'S NAME (Type/Print)  18b. MOTHER'S NAME (First, Middle, Last)  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  18c. NOTHER'S NAME (First, Middle, Mailon Surname)  Mildred Louise Peltzer  19c. INFORMANT'S NAME (Type/Print)  Phyllis V. Bowman  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  15811 Hanover Road, Upperco, Md. 21155  20b. PLACE AND OATE OF DISPOSITION (Name of Completery)  10c. Decentary, crematory or other place)  17 FORTHOR CEMEETRY  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Pline Funeral Home of Address or Facility  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BU	White				
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Furral Route Number, City or Town, State, Zip Code)  Phyllis V. Bowman  15811 Hanover Road, Upperco, Md. 21155  20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of genetary, crematory or other place) 1 Donatton 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such sa cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):	tote and				
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Furral Route Number, City or Town, State, Zip Code)  Phyllis V. Bowman  15811 Hanover Road, Upperco, Md. 21155  20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of genetary, crematory or other place) 1 Donatton 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such sa cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):	tote and				
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Furral Route Number, City or Town, State, Zip Code)  Phyllis V. Bowman  15811 Hanover Road, Upperco, Md. 21155  20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of genetary, crematory or other place) 1 Donatton 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such sa cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):	tote and				
Arthur Clayton Bowman    19a. INFORMANT'S NAME (Type/Print)   19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)	and				
198. INFORMANT'S NAME (TyperPrint)  Phyllis V. Bowman  15811 Hanover Road, Upperco, Md. 21155  20e. METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of generary, crematory, or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Afterward Editors  22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):	and				
20b. PLACE AND DATE OF DISPOSITION  1 Burlel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of generally crematory or other place)  Trenton Cemetery  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S. Main Street, Hampstead, md.  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  20b. PLACE AND DATE OF DISPOSITION (Name of Date of Town, State of Date and					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Atturned of Superal Service Licensee  Atturned of Superal Service Licensee  22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S. Main Street, Hampstead, md.  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  a. MASSIVE GASTROINTESTINAL BLEEDING  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	and				
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  a. MASSIVE GASTROINTESTINAL BLEEDING  DUE TO (OR AS A CONSEQUENCE OF):  B. CODE TO (OR AS A CONSEQUENCE OF):	6				
shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  a. MASSIVE GASTROINTESTINAL BLEEDING  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):					
If any, leading to immediate	4 Days				
COUSE. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	YEARS.				
d.					
PERFORMED?  1 Pres 2 \( \text{NO} \) NO OF DE	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)					
EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)					
27. MANNER OF DEATH  1 Natural 5 Pending  28a. DATE OF INJURY   28b. TIME OF INJURY WORK?   28d. DE\$CRIBE HOW INJURY OCCURED INJURY AT WORK?   1 YES 2 NO					
2 Accident Investigation 3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State)	Number,				
29a. CERTIFIER (Check only one)  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29a. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and representation.	manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month	ATE SIGNED (Month, Day, Year)				
Murer 5 glucous - Do 1663 > 5/18/91	1				
VINCENT - FIOCE OF TE WESTMINISTER MD 21157					
31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE					

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A Company

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	-
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	CLARENCE		W.	BURLEY MAY						14	4 1991 5:30 F				
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. lest bi		s. lest birthday)	day) IF UNDER 1 YEAR		IF UNDER 24 HRS.		7. DATE OF BIRTN (Month, Day, Ybar)			8. BIRTNPL Country)	ACE (State or Foreign	
	578-05-5554		1 x M 2 □ F 73		YRS.	YRS. MONTHS DAYS		HOURS MIN.						NGTON, D. C	
	9a. FACILITY NAME (If no	institution, give		•	9b. CIT	r, TOWN C	R LOCATIO	N OF DE	ATN		7	TY OF OEA			
DIRECTOR	11303 SCHU		ROAD			R	OCKV	ILLE				MON	COME	KY	
3	RESIDENCE OF DI	10b, COUN	TY		10c CI	ry, TOWN	OR LOCAT	TON			10d. INSIDE C				
	MARYLAND	1000											- 1	LIMITS?	
	10e. STREET AND NUMBE		NTGOMERY			RU	CKVI	LLLE ZIP CODE				10a CITIZ			
5	200 - 100 - 100		DOAD				100				10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	11303 SCHUYLKILL ROAD  11. MARITAL STATUS  12. WAS DECEDENT E				VED IN II S ADMED 12 WAS DE			20852 ECENDENT OF NISPANIC ORIGIN? (S			Conscitu Ves or No. 14 BACE - Am			American Indian	
B⊀	1 Never Married 2		1 X YES 2 WAR OR DATES I	ES 2 NO If yes, specify Cuban, Mexican, Pr											
COMPLETED	15. D (Specify of	ECEDENT'S ED	CATION 16a. DECEDE			T'S USUAL OCCUPATION of work done during most of working					16b. KIND OF BUSINESS/INOUSTRY				
ᄪᅵ	Elementary/Secondary	College (1-4 or 5	ille. Do NOT u	On NOT use retired.)											
M M	3		2 ENGINEER									PUBLIC SCHOOLS			
8	17. FATNER'S NAME (First,		16. MOTNER'S NAM						ME (First, Middle, Maiden Surname)						
BE (	CLARENCE		ANNIE						HALL						
2	19a. INFORMANT'S NAME				19b. MAILING	G ADDRES	S (Street a	nd Number	or Rural I	Route Numb	oer, City or Tox	vn, State, Zip	Code)		
-	MARIETTA A		EY (WI	FE)	11303				ROAD	RO	CKVILI	E MAF	RYLAN	20852	
	26a. METHOD OF DISPOS 1 (X Burlal 2 □ Crema	tion 3 🗆 Re	moval from State	of cem-	ACE AND DAT	v or other	place)			DAT	20c, L0	OCATION —	City or Town	, State	
	4 Donation 5 Dot	ner (Specify)		_ GA	TÉ OF	HEAV	EN C			5/1	7 SILV	VER SE	RING	MARYLAND	
	21. SIGNATURE OF TUNE	RAL SERVICE	ICENSEE	()				S T			FIINE	PAT HO	ME	TNC	
	FRANCIS J. COLLINS FUNERAL HOME,														
	shock, or IMMEDIATE CAUSE ( disease or condition resulting in deeth)	ARDIAL O (OR AS A CO		ARCT	ION							Interval Betwee			
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  ACUTE ARTERIOSCLEROTIC VASCULAR DISEASE  OUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):  d.										INDEF.				
	PART II. Other algorif	cant conditi	ons contributing t	o death but	not resulting	in the u	nderlyln	a ceuee a	ilven in	Part I	240 WAS A	N AUTODEV	245 W	FDE ALITODRY EINOIN	
N: MEDICAL											24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		6	Ab. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
Sic	EXAMINER?    HOSPITAL:   OTHER:   OTHER														
Y PHYSICIA		Pending investigation	(Month,	28a. DATE OF INJURY (Month, Day, Year)  S   U							28d. DESCRIBE NOW INJURY OCCUREO				
ED BY	2 Accident 3 Suicide 6 4 Hornicide	Could not be determined	26e. PLACE	OF INJURY — g, atc. (Specify)	(Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29a. CERTIFIER (Check only one)  29b. MECICAL EXAMINER: On the basis of sussension and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.													and menner as stated	
BE C	296, SIGNATURE AND TO	111	29c. LICENSE NUMBER					29d. DATE SIGNED (Month, Day, Ye							
TO B	IL HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)														
	TRANCES C MAYLE SOO WIS CONSON AUE BETHESON MID 20819 31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE														
	uw 17	<b>'</b> 01	ha Do	widson-	Pandell-										
	Wild T.	01	U											DNMH-16 Rev	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

14698

2. DATE OF DEATH MONTH DAY MAY 14

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	1	0		-

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle,	Inet	CERT		OF DEATH	2. DATE OF DE	G. NO.	3. TIME OF DEATH
	Marion K. Beck	man and the second				MONTH	15/ C	YEAR 235 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthd			Character Cons		B. BIRTHPLACE (State or Foreign Country)
	217-36-7355	1 🗆 GI 2 🙀 F	73 YR	S. MONTHS D	WS HOURS N	5/6	1/6/1	Washington, DC
~	9a. FACILITY NAME (If not institution,	W 4 A 4	- /	9b. CITY, TO	WN OR LOCATION	OF DEATH	200	TY OF DEATH
DIRECTOR	HOLY CROSS		ay	DIV	er >	PRING	MON	tgomery
ည္က		COUNTY	10c.	CITY, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?
ā	Maryland M	ontgomery		Bethese	da			1 TYES 2 NO
A	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
FUNER	4426 Rosedale				208			ed States
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCERS 4	EVER IN U.S. ARMED YES 2 NO R OR DATES	If ye		IISPANIC ORIGIN? (Spe lexican, Puerto Rican, Specify:	elfy Yan or No— atc.)	14. RACE — American Indian, Black, White, etc. Specify: White
ILLE! ED	15. OECEOENT' (Specify only highes Elamentary/Secondary (0-12)	S EOUCATION it grade completed)  College (1-4 or 5+)	(Give kind life. Do NO	T's usual occu of work done durin of use retired.)	ng most of working		of Business/INDU	JSTRY
COMPL	17. FATHER'S NAME (First, Middle, La	est)			16. MOTHER	'S NAME (First, Middle,		
ш	William C. Kil	linger			Beul	ah V. Doyl	Le	
10 B	19a. INFORMANT'S NAME (Type/Prin		19b. MAII	ING ADDRESS (S	treet and Number or	Rural Route Number, City	or Town, State, Zip	Code)
-	William F. Bec.	k, Jr.						yland 20814
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ※ Cremation 3 ☐		other place)		of cometery, cremato	100	20c. LOCATION — C	
	4 Donation 5 Other (Specify 21, SIGNATURE OF FUNERAL SERV		Montgome	22 NAI	matorium ME AND ADDRESS	OF EACH ITY		Maryland
	· Will	E Bour	JM0067	Rol Che Bei	pert A	Pumphrey I E Inc Maryland	Superal 1 20814-35	Home/Bethesda- consin Avenue,
	23, PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Oue To (		water	far	line		Approximate interval Betwee Onset and Dea
ERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEQUENC		4 ()			on week
O	PART II. Other aignificant cor	nditiona contributing to	daeth but not result	ng in the unde	rlying cause giv	en in Part I, 24a.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDING
4: MEDICAL	aastroesal		The state of the s	hd's d			PERFORMEO? YES 27KNO	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER?				26. PLACE OF DEA	TH (Check only one)		
/SIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DC	OTHER:	Home 5 - Resid	lence 8 - Other (Spec	clfy)	
BY PH	27. MANNER OF OEATH  1 Westural 5 Pendin 2 Accident Investig	gation	y, Year)	INJURY M	c. INJURY AT WORK?		HOW INJURY OCC	URED
TED	3 Suicide 6 Could 4 Homicide determ	not be building, o	FINJURY — At home, fa etc. (Specify)	rm, street, factory	, offica	28f. LOCATION City or Tow		or Rural Route Number,
COMPLE	cont only	PHYSICIAN: To the best of ax						ed. e cause(a) and manner as stated.
TO BE	29). SIGNATURE AND TITLE OF CE	Shangel A	6		J O	944	▶ ;	SIGNED (Morith, Day, Year)
	MATTIN C.	SHARGE	L MD	Type, Print)	372	o PARR	MO S	0895
	MAY 17 9	32. ROGISTRAI	S SIGNATURE	LANZ.				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR	STATE OF MA	CERTIFIC	ATE OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH		3. TIME OF DEATH
Katherine	Ans ?	Brannan		Month	5	15 1	971 1425
4. SOCIAL SECURITY NUMBER	/ / /		UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLACE (State or Forei Country)
214-31-5578	1 □ M 2 🔀 F	O YRS.	THE DAYS HOURS MIN.		29/16		Maryland
Se. FACILITY NAME (If not institution, give a	treet and number)	90	. CITY, TOWN OR LOCATION OF			9c. COUNTY	OF DEATH
HOLLY Cross 1	to gital		Silver Spr.n.	8		m	ntogener
10e. STATE 10b. COUNT	r	10c. CITY, T	OWN OR LOCATION				194. HOUSE CITY
m) m	ntowner	w No	ockville				1 YES 2   N
10e. STREET AND NUMBER	0	0	101. ZIP CODE			10g. CITIZES	N OF WHAT COUNTRY?
830 Collea	2 Park	wax	:80	50		Unit	ed States
11. MARITAL STATUS	2. WAS DECEDENT		13. WAS DECENDENT OF HISP			or No- 14	J. RACE — American Indian, Black, White, atc.
1 Never Married 2 Married	FORCES? 1 [ IF YES, GIVE WA		If yes, specify Cubin, Mexi		rican, atc.)		Specify:
3 Widowed 4 Divorced							White
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US (Give kind of work	done during most of working	16b	. KIND OF BUS	INESS/INDUS	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	etired.)			NIA	
NA			NIA			TA	
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S	NAME (First, I	Middle, Meiden	Surname)	
John E.	PASTA	an	Jacqu	ıeline	Davis	5	
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Run	al Route Numi	ber, City or Town	n, State, Zip Co	ode)
John E. Brennan	~	830 Co.	llege Parkway,	Rock	ville,	Mary	land 20850
20e, METHOD OF DISPOSITION	and from Chat-	20b. PLACE AND DATE OF		DAT	E 20c. LOC	CATION — CIT	y or Town, State
	IOVAL FROM STATE	Gate of Hea	aven Cemetery	5/18/	'91 Si	lver	Spring, MD
4 Donation 5 Other (Specify)		•					
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF	FACILITY			
23. PART I. Enter the dispesses, or shock, or heart fellure.	touch complications that List only one cause	se on each line.	Robert A. Pun 300 West Mor Rockville, Menter the mode of dylng, a	nphrey itgome laryla uch ss cen	ery Ave and 20 diec or respi	ral Home nue 1850-2	me/Rockvill In 805
21. SIGNATURE OF FUNERAL SERVICE LI  23. PART I. Enter the dispesses, or shock, or heart fellure.	complications that List only one cous	caused the death. Do not se on each line.	Robert A. Pun 300 West Mor Rockville, N	nphrey itgome laryla uch ss cen	ery Ave and 20 diec or respi	ral Home nue 1850-2	me/Rockvill 805 st, Approximat
23. PART I. Enter the dispesses, or shock, or heart felture.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	complications that List only one ceus  e. Cor Lu  DUE TO (	caused the death. Do not se on each line.	Robert A. Pun 300 West Mor Rockville, Menter the mode of dylng, a	nphrey itgome laryla uch ss cen	ery Ave and 20 diec or respi	ral Home nue 1850-2	me/Rockvill 805 st, Approximat
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications that List only one ceus  e	Caused the death. Do not see on each line.  OR AS A CONSEQUENCE OF:  OR AS A CONSEQUENCE OF:	Robert A. Pun 300 West Mor Rockville, Menter the mode of dylng, s	nphrey itgome (arvla uch ss cen	ery Ave nd 20 dlec or respl	cal Horenue 1850-2:	me/Rockvill 805 st, Approximat Interval Bet Onset and i
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Finst disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that List only one ceus  e	Caused the death. Do not see on each line.  OR AS A CONSEQUENCE OF:  OR AS A CONSEQUENCE OF:	Robert A. Pun 300 West Mor Rockville, Menter the mode of dylng, s	nphrey itgome (arvla uch ss cen	ery Avend 20 diec or respired	AUTOPSY	me/Rockvill 805 st, Approximat Interval Bet Onset and st
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications that List only one ceus  e. Car Lu  DUE TO (  b. Tris  DUE TO (  c. DUE TO (  d.	Caused the death. Do not see on each line.  OR AS A CONSEQUENCE OF:  OR AS A CONSEQUENCE OF:	Robert A. Pun 300 West Mor Rockville, Menter the mode of dylng, s	nphrey itgome (arvla uch ss cen	ery Avend 20 diec or respi	AUTOPSY	me/Rockvill 805 st, Approximat Interval Bet Onset and i
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications that List only one ceus  e. Car Lu  DUE TO (  b. Tris  DUE TO (  c. DUE TO (  d.	Caused the death. Do not see on each line.  OR AS A CONSEQUENCE OF:  OR AS A CONSEQUENCE OF:	Robert A. Pun 300 West Mor Rockville, Menter the mode of dylng, s	nphrey itgome (arvla uch ss cen	ery Avend 20 diec or respired	AUTOPSY	me/Rockvill 805 st, Approximat Interval Bet Onset and i
21. SIGNATURE OF FUNERAL SERVICE LI  23. PART I. Enter the dispesse, or shock, or heert felture. IMMEDIATE CAUSE (Finst disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	complications that List only one ceus  e. Car Lu  DUE TO (  b. Tris  DUE TO (  c. DUE TO (  d.	Caused the death. Do not see on each line.  OR AS A CONSEQUENCE OF:  OR AS A CONSEQUENCE OF:	Robert A. Pun 300 West Mor Rockville, Menter the mode of dylng, a	nphrey itgome (aryla uch ss cent	24a. WAS AN PERFOR	AUTOPSY	me/Rockvill. 805 st. Approximat Interval Bet Onset and I
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Complications that List only one ceus  e. Cor Lu  DUE TO (  b. DUE TO (  c. DUE TO (  d	Caused the death. Do not see on each line.  OR AS A CONSEQUENCE OF:  OR AS A CONSEQUENCE OF:  OR AS A CONSEQUENCE OF:	Robert A. Pun 300 West Mor Rockville, N enter the mode of dylng, s	nphrey itgome (aryla uch ss cent	24a. WAS AN PERFOR	AUTOPSY	me/Rockvill. 805 st. Approximat Interval Bet Onset and I
23. PART I. Enter the dispesses, or shock, or heart felture.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 UNO	e. Cor Le DUE TO (  b. DUE TO (  c. DUE TO (  d	Caused the death. Do not see on each line.  OR AS A CONSEQUENCE OF:  OR AS A CONSEQUENCE OF:  OR AS A CONSEQUENCE OF:	Robert A. Pun 300 West Mor Rockville, Menter the mode of dylng, a	In Part I.	24a. WAS AN PERFOR	AUTOPSY	me/Rockvill. 805 st. Approximat Interval Bet Onset and I
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23. PART I. Enter the dispesses, or shock, or heart felture.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WNO  27. MANNER OF DEATH  1 Natural 5 Pending	Complications that List only one ceus  e. Cor Lu  DUE TO (  b. DUE TO (  c. DUE TO (  d	Caused the death. Do not see on each line.  OR AS A CONSEQUENCE OF:  OR AS A CONSEQUENCE OF:  OR AS A CONSEQUENCE OF:  ER/Outpatient 3 □ DOA 4  INJURY 26b. TIME 0	Robert A. Pun 300 West Mor Rockville, Nenter the mode of dyling, senter the mode of dyling, senter the underlying ceuse given the underlying ceuse given 26. PLACE OF DEATH OF 26. INJURY AT	In Part I.	24a. WAS AN PERFOR	AUTOPSY	Me/Rockvill 805  at, Approximat Interval Bet Onset and 1  24b, Were autopsy fin Amalable Prior to Completion of Ca of Deaths?  1 Yes 2 Process
21. SIGNATURE OF FUNERAL SERVICE LI  23. PART I. Enter the dispesses, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 UNO  27. MANNER OF DEATH  1  Natural 5  Pending	Complications that List only one ceus  e.	Caused the death. Do not see on each line.  OR AS A CONSEQUENCE OF:  OR AS A CONSEQUENCE OF:  OR AS A CONSEQUENCE OF:  ER/Outpatient 3 □ DOA 4  INJURY 26b. TIME 0	Robert A. Pun 300 West Mor Rockville, Menter the mode of dyling, a content the underlying ceuse given the underlying ceuse given 28. PLACE OF DEATH DITHER:  Nursing Home 5   Resident Of Work? Menter 1   VES 2   No	In Part I.	24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED?	Me/Rockvill 805  at, Approximat Interval Bet Onset and 1  24b, Were autopsy fin Amalable Prior to Completion of Ca of Deaths?  1 Yes 2 Process
23. PART I. Enter the dispesses, or shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	Complications that List only one ceus  e. Cor Lu  DUE TO (  b. DUE TO (  c. DUE TO (  d	Caused the death. Do not see on each line.  OR AS A CONSEQUENCE OF:  OR	Robert A. Pun 300 West Mor Rockville, Menter the mode of dying, a character the mode of dying, a character the underlying ceuse given the underlying ceuse g	In Part I.  (Check only or ce 6 1 Other 28d. DE 28f. LOC City	24a. WAS AN PERFOR 1 VES 2  CATION (Street a or fown, State)	AUTOPSY IMED?  AUTOPSY IMED?  AUTOPSY IMED?  AUTOPSY IMED?	Me/Rockvill 805  It. Approximat Interval Bet Onset and It  24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 ID-Not
21. SIGNATURE OF FUNERAL SERVICE LI  23. PART I. Enter the dispesses, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  27. MANNER OF DEATH 2 Accident 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	Complications that List only one ceus  e. Cor Li  DUE TO (  b. DUE TO (  c. DUE TO (  d	Caused the death. Do not see on each line.  OR AS A CONSEQUENCE OF:  OR	Robert A. Pun 300 West Mor Rockville, Nenter the mode of dying, senter the mode of dying, senter the underlying ceuse given  26. PLACE OF DEATH  27. HALLE OF DEATH  28. INJURY AT WORK?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 Nort, factory, office  at the time, date and place, and of in my opinion, death occured at	In Part I.  (Check only or ce 6 10 Other land)  281. LOC City  due to the cathe time, determined to the cathe time.	24a. WAS AN PERFOR 1 VES 2  CATION (Street a or fown, State)	AUTOPSY IMED?  AUTOPSY IMED?  AUTOPSY IMED?  AUTOPSY IMED?	Me/Rockvill 805  It. Approximat Interval Bet Onset and It  24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 ID-Not
23. PART I. Enter the dispesses, or shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	Complications that List only one ceus  e. Cor Li  DUE TO (  b. DUE TO (  c. DUE TO (  d	Caused the death. Do not see on each line.  OR AS A CONSEQUENCE OF:  OR	Robert A. Pun 300 West Mor Rockville, Nenter the mode of dying, a senter the underlying ceuse given 28. PLACE OF DEATH OTHER:  28. PLACE OF DEATH OTHER:  28. PLACE OF DEATH OTHER:  1	In Part I.  (Check only or company of the time, date time, date th	24a. WIAS AN PERFOR 1 UPS 2  TO TOWN, Street a and place, and	AUTOPSY amed Number or noner as stated due to the	Me/Rockvill 805  It. Approximat Interval Bet Onset and It  24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 ID-Not
21. SIGNATURE OF FUNERAL SERVICE LI  23. PART I. Enter the dispesses, or shock, or heert felture.  IMMEDIATE CAUSE (Finst disease or conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhiteted events resulting in deeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 V NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CETIFIER (Check only one) 1 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF PERTIFIE	Complications that List only one ceus  e. Cor Li  DUE TO (  b. DUE TO (  c. DUE TO (  d	Caused the death. Do not see on each line.  OR AS A CONSEQUENCE OF:  OR	Robert A. Pun 300 West Mor Rockville, Nenter the mode of dying, senter the mode of dying, senter the underlying ceuse given  26. PLACE OF DEATH  OF 28c. INJURY AT WORK?  I WES 2 NO  Net, factory, office  at the time, date and place, and on my opinion, death occurred at 29c. LICENSE I D 3 (	In Part I.  (Check only or ce 6 10 Other land)  281. LOC City  due to the cathe time, determined to the cathe time.	24a. WIAS AN PERFOR 1 UPS 2  TO TOWN, Street a and place, and	AUTOPSY amed Number or noner as stated due to the	Me/Rockvill 805  st, Approximat Interval Bet Onset and if  24b, Were autropsy Fin AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 Proceed on the Completion of Ca OF DEATH?  1 YES 2 Proceed on the Completion of Ca OF DEATH?  1 cause(s) and manner as stated to the Cause(s) and the Cause(s) and
21. SIGNATURE OF FUNERAL SERVICE LI  23. PART I. Enter the dispesses, or shock, or heert felture.  IMMEDIATE CAUSE (Finst disease or conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhiteted events resulting in deeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 V NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CETIFIER (Check only one) 1 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF PERSON W.	Complications that List only one ceus  e. Cor Li  DUE TO (  b. DUE TO (  c. DUE TO (  d	Caused the death. Do not see on each line.  OR AS A CONSEQUENCE OF:  OR	Robert A. Pun 300 West Mor Rockville, Nenter the mode of dying, senter the mode of dying, senter the underlying ceuse given  26. PLACE OF DEATH  OF 28c. INJURY AT WORK?  I WES 2 NO  Net, factory, office  at the time, date and place, and on my opinion, death occurred at 29c. LICENSE I D 3 (	In Part I.  (Check only or 28d. DE:  28f. LOC City  under the time, date  NUMBER  P 9 7	24a. WIAS AN PERFOR 1 UPS 2  TO TOWN, Street a and place, and	AUTOPSY PMED?  AUTOPSY PMED.  AUTOPS	Me/Rockvill 805  st, Approximat Interval Bet Onset and if  24b, Were autropsy Fin AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 Proceed on the Completion of Ca OF DEATH?  1 YES 2 Proceed on the Completion of Ca OF DEATH?  1 cause(s) and manner as stated to the Cause(s) and the Cause(s) and

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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the fine and on the concreted within any completely filled that he forms after death. Page 6 may be retained by the bens signed by the second of the concreted within 72 hours after death with the State Dept. of Health and Menter of the bound of the concrete of the concret
. BOX 13146,	executed within and completely and completely trema
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the complete property of the completely filled in by the completely filled in by the before within 72 hours after death with the State Dept. of Health and Men. The completely filled in by the lined within 72 hours after death with the State Dept. of Health and Men. The completely filled in by the line of the completely filled in the medical event, the medical expensively.

						1120.110		
	1. DECEDENT'S NAME (First, Middle, Last)	Beave	25			2. DATE OF DEATH	ž &	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	16.	BIRTHPLACE (State or Foreign
	253-18-3819 1	XM2   F 6		MONTHS DAYS	HOURS MIN,	(Month, Day, Year)	,	Country) Georgia
	9a. FACILITY NAME (If not institution, give street	and number)	•	9b. CITY, TOW	N OR LOCATION OF D	DEATH	9c. COUNTY	
2	Holy Cross Has	ortal		Silve	r Spring		Mont	gomery
DIRECTOR	HESIDENCE OF DECEDENT	7.147				·· <u> </u>	HOHE	
R	10a. STATE 10b. COUNTY			Y, TOWN OR LO				10d. INSIDE CITY LIMITS?
	Maryland Montgon	nery	Cl	nevy Ch				1 N YES 2 NO
₹ I	10s. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
힞	3215 Park View Road				20815			ed States
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1 YES	2 NO	13. WAS D	ECENDENT OF HISP/ specify Cuben, Mexic	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No- 14.	. RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	WW II	ES	1 🗆 Y	ES 2 X NO Spec	ffy:		Specify: Black
	15. DECEDENT'S EDUCATION	ON	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BI	ISINESS/INDUS	
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12)	pleted) college (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during	most of working			
PL	Elementary decordary (0-12)	2	First V	lice Pro	esident	Labor	Union	
ON	17. FATHER'S NAME (First, Middle, Last)				- v	AME (First, Middle, Maide		
	Joseph Cephes Beave	ers			Ida We	ddington		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Stre	et and Number or Rura	I Route Number, City or To	wn, State, Zip Co	ide)
2	Carvella Beavers		3215	Park V	iew Road,	Chevy Cha	se, Ma:	ryland 20815
	20 METHOD OF DISPOSITION				cemetery, cremetory or			y or Town, State
	1 ☑Buriel 2 ☐ Cremation 3 ☐ Ramoval	Li	ncoln N	lemoria.	l Cemeter	y Su	itland	, Maryland
	21. SIGNATURE OF THERAL SERVICE LICENS	SEE /			AND ADDRESS OF F	ral Servic	. T	
	-lun 9/14	19 m	2					ington, D.C.
	23 PART I. Enter the diseases, or com							t, Approximate
	ahock, or heart fellure. List IMMEDIATE CAUSE (Final	only one cause on ea	ch fina.					Intarval Between Onset and Death
	disease or condition	(ARI	HAC	ar	rest.			160
	reaulting in death) a	DOE TO (OR AS A	CONSEQUENCE (	OF):	1.	476		A D.
z	b	Dasila	er a	El	uxare	f'a		Faly
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO JOH AS A	CONSEQUENCE	OF):	11001	· las		
2	cause. Enter UNDERLYING CAUSE (Disease or injury	centeri	seco.	Ases	NAUL	corem		
E I	that initiated events resulting in desth) LAST	DUE TO (OR AS A	GONSEQUENCE (	л-):				
<b>#</b>	d							<u> </u>
	PART II. Other algoificant conditions of	ontributing to death bu	rt not resulting	in the underly	ing cause given i	n Part I. 24s. WAS A	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS
AEDIČAL	Carceno	nd bet	leen	4_		1 □ YES	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Russ	w lot	ethy	El			1	1 YES 2 NO
ä	//-		//	1				
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		-		PLACE OF DEATH (C	Zheck only one)		
SIC	9	OSPITAL: Inpetient 2 - ER/Outpe	itlent 3 🗆 DOA	OTHER:	lome 5 🗆 Residence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
BY	Natural 5 Pending Investigation				YES 2 NO			
	3 Suicide 8 Could not be determined	28a, PLACE OF INJURY building, etc. (Speci	— At home, farm,	atreet, factory, o	ffice	281. LOCATION (Street City or Town, State		Rural Route Number,
E			-		·····			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAL							
Ö	MEDICAL EXAMINER:	In the best of examination	aridior investigat	ion, in my opinio	n, death occured at ti	he time, data and place,	end due to the	cause(a) and menner as stated.
ш	296. SHINATURE AND TITES OF CENTURES	150/			29c. LICENSE N	UMBER	294. DATE	SIGNED CARRIED Day Many
0 8	MULLENA	spell	MINO	1			1/2	July 1
2	30. HAME AND ADDRESS OF PERSON WHO O	OMPLETED CAUSE OF DEA			4.7	10/11/1/2	de from	- MININ
	1 PRAKKEL	IN JB		1550	141)	10810 Cm	MOL	LUNING MIL
1	MAY 15 'Q1	32. REGISTRAR'S SIGNA	TURE Pandal	2.		The state of the s		/

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 81203-3146	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after the flower of the many be retained by the intended of the state of the attending physician and completely flied in by the funeral director, page 5 mounts after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.  WPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND (1203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be missed by the attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mounts be determed. The same be burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nutitied at once.	

* REGISTRAR		CE	KIIFI	CALE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) PATRICIA	L.		BROW			2. DATE OF MONTH	17,	, 1991	3. TIME OF DEATH 10:45 A
135-36-5724	□ M 2××F	56 46		F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	NOV	Day, Year)	944	8. BIRTHPLACE (State or Foreign Country) NEW JERSEY
60, PACILITY NAME (If not institution, give street 6712 HILLANDALE ROATESIDENCE OF DECEMENT				CHEVY	CHASE	EATH			NTY OF DEATN NTGOMERY
100. STATE 100. COUNTY MARYLAND MONTGO	DMERY			VY CHAS					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 6712 HILLANDALE ROA	AD D			,	20815				ZEN OF WHAT COUNTRY?  TED STATES
11. MARITAL STATUS  1 \( \sum \) Never Married 2 \( \sum \) Married  3 \( \sum \) Widowed 4 \( \sum \) Divorced	IZ. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2X X NI	AED D	If yes o	CENDENT DF NISPAI pecify Cuban, Mexica S 2/XNO Specif	n Puerto Bio		or No—	14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION impleted) College (1-4 or 6+)	(GA	DO NOT USE		TION nost of working	P	RIVAT	E PR	
17. FATHER'S NAME (First, Middle, Last)			OHIVE		18. MOTHER'S NA				
DONALD L. BROW 190. INFORMANT'S NAME (Type/Print)	<u> </u>	196	MAILING .	ADDRESS (Street	and Number or Rural	E CARI			Code)
MICHAEL BROWN  20s. METHOD OF DISPOSITION 1   Burlel 2 (A Cremetton 3   Remove	al from State	7	OF DISPOS		ET. S.E.	WASI	20c. LO	-	City or Town, State
4 Donation 5 Other (Specify)		SUE	BURBA	N CREMA	TORY	CILITY	STL	/ER_S	SPRING, MARYLAN
rave M.	Les			RAPP	FUNERAL	SERVI	93 SES S1	33 GI [LVEF	IST AVE. R SPRING, 20910
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Meh	OR AS A CONSECUTION OF AS	tu	e es	nary histor cars				ass 3month
PART II. Other significant conditions	contributing to o	death but not n	esulting i	n the underly	ng cause given in	100	24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINOING MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (C	heck only one,			
	1 Inpetient 2 N	_	DOA 28b, TIM		ome 5 A Residence		(Specify)		
					VORK?	290. DEŞL	HIDE HUW I	NJUNY OC	COMED
1 Natural 5 Pending	(Month, Da		INJ		YES 2 NO				
1 Natural 5 Pending	(Month, Da			M 1	YES 2 NO	26f. LOCA City or	FION (Street a Town, State)	and Numbe	r or Rural Route Number,
1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only	(Month, De 28e, PLACE OF building, e	y, Year)  INJURY — At house, (Specify)  my knowledge, del	me, farm, s	M 1	YES 2 NO	City or	o(s) and mar	oner as sta	
1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only	Accept	injury — At hore in the control of t	ath occurre	M 1 Treet, factory, of d at the time, din, in my opinion	YES 2 NO	city or	o(s) and mar	od dus to to	ned,

BALTIMORE, MARYLAND 21203-3146

DIRECTOR

FUNERAL

BY

COMPLETED

FERAL DIRECTOR: A In 72 hours after de IT: If Item 28 is OMPLETED	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COM	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or the marke event, the medical examiner must be notified at once,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the manual of the completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Commission, burial, cremation, or removal.	
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29a. CERTIFIE (Check only

FOR 1 - STATE REGISTRAR		STATE OF M			RTMENT OF I			MENTAL HYGIEN REG. NO	_	1	14703	}
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF DEATH MONTH DA		YEAR	3. TIME OF DEATH	
	ROS	E D.	BELL					May 16		1991	53p	м
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 I	IRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign)	gn
579-28-396		1 M 2 XF	83	YRS.	MONTHS DAYS	HOURS	IIIV.	Nov. 3, 1	907		anada	
Sa. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY, TOWN	OR LOCATION	OF DE	ATH	9c. COI	UNTY OF D	EATH	
		neral Hos	spital		01ne	ey .			Mor	ntgom	ery	
RESIDENCE OF DEC	10b. COUNT	v		100 00	Y, TOWN OR LOCA	TION					10d. INSIDE CITY	
Maryland		Montgome	ry	100.01	Silve	r Spri	Lng				LIMITS?	)
10a. STREET AND NUMBER 3433 S.	Leisu	re World	Blvd.		10	20906	5		USA	TIZEN OF W	WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 Merried  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 ND Speci					fexica							
(Specify only Elementary/Secondary (0 1-9th			+)		B USUAL OCCUPATI work done during m see retired.)			Sovrar				
17. FATHER'S NAME (First, M						18. MOTHER		ME (First, Middle, Malden				
Thomas Do								rtha Littl				
Contraction of the contraction o		1 1			110			Route Number, City or Tow				
Betty 20s. METHOD OF DISPOSITI		land	T 401 PH 4					Rockville,				
1 W Burlet 2 Cremation 3 Removal from State other place)			ncoln Cemetery are a second and									
21. SIGNATURE OUT HERA	P A	Vina	lli		Hine		11d	i Funeral			Md. 2090	)4
23. PART I. Enter the A shock, own	seeses, or eart fallure.	complications the List only one car	ot caused the use on each li	death, Do ne.	not enter the m	ode of dying	, suc	h aa cardiac or reap	iratory a	rreat,	Approximate interval Bety	меел
IMMEDIATE CAUSE (Fir disease or condition resulting in death)	→	Strok	(e								I how	2
		QUE TO	COR AS A CON	SEQUENCE O		ereb	70	vascula	de	Seas	3 Juga	11
Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated events	diate ING	. Dra	OF AS A CONTROL OF AS A CONTROL	me	ellitu	\$					3440	6

equentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

PART II. Other significent condition

'91

d.	
	contributing to deeth but not resulting in the underlying cause given in Part I,
V	ascillar disease
	Chorea

PAR WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | QOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY --- At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined 4 Homicide

1	1 E CERTIFYING PHYSICIAN: To the	best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated.
	2 MEDICAL EVAMINED: On the be	all all assembles and for investigation in municipal and a state of a state o

2 MEDICAL EXAMINER: On the pasia of examination	n and/or investigation, in my opinion, death occured at the time, date and place	, and due to the cause(a) and manner as stated.
1 (		
E AND TITLE OF CERTIFIER	200 I ICENSE MIMBED	20d DATE SIGNED (Month One Wood)

Lames F. McMurry

Democracy Blvd., Beth. Md. 20817 31. DATE FILED (Month, Day Year) 32. REGISTRAR'S SIGNATURE

Davidson Randell

1 -

In or other traumatic event, the medical examiner must be notified at once. IMPORTANT: If Item 28 Is marked, or Item 23 shows any TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law inquires in TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Tonva		Dionne			Blal	70			монтн 05	15		YEAR 991	5:05 PM
-1	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF E				IPLACE (State or Foreign
	577-02-84	40	1 🗌 M 2 😓 F	20	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	y, Year)	^	Countr	γ)
	9a. FACILITY NAME (If not int		22			ah CITY	TOWN	OR LOCATI	UN UE UE		10-7		NTY OF D	sh. DC
œ										-2111				
2	80 Bureau	Drive				Gai	the	rsbui	cg			Mor	ntgon	nery
8	10e. STATE	10b. COUNTY			10c. CI1	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
DIRECTOR	Maryland	Mon	tgomery	7		Gai	the	rsb	ıra					LIMITS?
	10e. STREET AND NUMBER						_	1. ZIP COO				10g. CIT	IZEN OF V	WNAT COUNTRY?
8	80 Bureau	Driv	e					20	877	,			US	Δ
FUNERAL	11. MARITAL STATUS			T EVER IN U.S. AR		13.	WAS DE	CENDENT C	OF HISPAN	VIC ORIGIN? (S	pecify Yea	or No-	14. BACI	E — American Indian.
	1 Never Married 2			MAR OR OATES	ID		If yes, s	ecify Cube	ın, Mexica	n, Puerto Ricar	n, atc.)		Spec	k, White, atc.
B	3 Widowed 4 Divo	rced						100	4,500,11	,			4,00	Black
8	15. DECI (Specify only	EDENT'S EQU	CATION completed)	16a. DE	CEDENT'S	S USUAL O	CCUPATI	DN ost of working	0.0	16b. KIN	O OF BUS	SINESS/INC	DUSTRY	
E	Elementary/Secondary (0		College (1-4 or 5	Ma	Do NOT u	ise retired.)		out of works		67				
P	12th				C	lerk				CI	alm	s Ac	lmin	. Corp.
COMPLETED	17. FATHER'S NAME (First, Mi									ME (First, Midd				
BE	Morton Tas	этеу						E	ren	da J.	Di	cker	son	
10	19a. INFORMANT'S NAME (7)				. MAILING	G ADDRES	S (Street	and Numbe	r or Rural	Route Number, (	City or Town	n, State, Zij	Code)	20874
F	Brenda J.			er)	1150	)4 S	cot	tsbu	ry	Ter.	Ge	rman	tow	n. MD
	20q. METHOD OF DISPOSITI	DN n 3 🗆 Ram	oval from State	20h DI ACE	AND DAT	E OF DISE	DEITIDI	A (Namo		DATE	200 10	CATION	City or To	wen State
	4 Donation 5 Other	(Specify)		Gate	Of	Hea	ven	Cer	nete	ry5/2	2 S	ilve	er S	pring, Md
	21. SIGNATURE OF FUNERAL	L SERVICE LIK	SENSEE /	1		23 S	NOW	DEN	SS OF FA	ERAL	HOM	E P.	. A.	20850
	PUN	CO K	· /has	mrd1	11	/ 2	46	N. V	Vash	ingto	n S	t, I	Rock	ville, Md
	23. PART I. Enter the di	seasen, or o	complications th	et caused the de	ath. Do									Approximata
	ahock, or he IMMEDIATE CAUSE (Fin	aeft fallure.	LIGATU	use on each line										interval Between Onset and Death
- 1	disease or condition	101	L'GATU		RAINC	GUL	ATIO	SIL						
	resulting in death)		W	O (DR AS A CONSE			7/10	714						
z														
EDICAL CERTIFICATION	Sequentially list conditi if any, leading to imme-		DUE TO	OR AS A CONSEC	DUENCE C	OF):								
3	cause. Enter UNDERLYI CAUSE (Disease or inju	NG	с											
티	that initiated events		DUE TO	OR AS A CONSE	DUENCE (	OF):								
H	resulting in death) LAS	' (	d											
0	PART II. Other algolitics	nt condition	a contributing to	death but not r	eaulting	in the u	ndarivir	od causa	alven in	Part I. 24	. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS
N S								.,	g	,	PERFOR	RMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ā.					-					— [1]	YES 2	□ NO		OF DEATH?
2														1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					40.5							
2	EXAMINER?	O MEDIONE	HOSPITAL:			OTHE	8:			neck only one)				
14S	27. MANNER OF DEATH		1 Unpatient 2	ER/Outpatient 3	26b. Til		_		asidenca	8 Other (S)		N HIEW OC	CHBED	
4		Pending		Day, Year) FOUN	T) IN	OPM		JURY AT ORK? YES 2)	71 NO					1
B	a Callette	Investigation	250. PLACE	OF INJURY — At he	_	_		0.	Ç) NO	Subje	ANI (Constant	and Married		Donat H. sahar
E		Could not be determined	building	, atc. (Specify)	lome	, 50,000, 100	,			City or To	own, State)	80 E	Burea	u Dr. Co. Md.
COMPLETED	29a, CERTIFIER						_							. CO. F.C.
MP	(Check only		ICIAN: To the best of											
00	2 MED	ICAL EXAMINE	:H: Off the basis of	examination and/or	Investigat	ion, in my	opinion,	death occu	ared at the	time, data and	f place, ar	d due to t	he cause(	a) and mariner as stated.
BE	29b. SIGNATURE AND TITLE	DF CERTIFUE	200	11				29c. LIC	ENSE NU	MBER		0.00		D (Month, Day, Year)
10	mun	7	ACC.	7 12				0.0	C.M.1	Ξ.		0.5	5	16 1991
-	30. NAME AND ADDRESS DO	F PERSON WI		Marie Control of the										Hara to the same
	MAKIOF- (	301-6	E, JR.	10.00			enn	Stree	et, 1	Baltim	ore l	Mary 1	Land	21201
	31. DATE FILED (Month, Day,		32. REGISTE	Davidson	0.1.	00								
- 1	MAY 20	91	Juna	inmidda -	Jacks	Pillad)								

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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BOX 13	80
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RECORDS	requires that the the
OF VITAL RECORDS	THE HOSPITAL OR ATTENDING PHYSICIAN: The law
DIVISION	ATTENDING P
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	H

4 SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS MONTHS 130 M 2 | F 213-23-3170 VBS Laos March 3, 1927 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Washington Adventist Hospital Takoma Park Montgomery RESIDENCE OF DECEDENT 10e STATE 10b COUNT 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md 1 X YES 2 NO P.G. Adelphi permit. 10a, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 8910 Trapper 20783 burial-transit La. Laotian 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 😿 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 200 NO Specify: 1 Never Married 2 Married IF YES, OIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced page 5 should be detached for use as the Asian COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6 Retail Sales Business 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Boutsady UNKNOWN Kene Bang 띪 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 8910 Trapper La. Adelphi, Md. 20783 Bouavanh Boutsady 2 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20s. METHOD OF DISPOSITION
1 Burisl 2 Comments 3 Removal from State 20c. LOCATION - City or Town, State must filled in by the funeral director, ion, or removal. Riverdale, 4 Donation 5 Other (Specify) Chambers Crematory Md. axaminer 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY W.W. Chambers Co. Inc. Samlera 5801 Cleveland Ave. Riverdale, Md. amores 20737 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final Cardio respiratory arrest and completely fille burial, cremation, 100 disease or condition reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): coale months Porry differentiates out mon te Inta CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) orior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

Revere Mcfalolic Acidosis,

Brachial AJHma been signed by their, of Health and Wen MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL certificate hin the State D 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: etient 2 ER/Outpetient 3 DOA death with the S. marked, or I 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED with with 5 Pending Investigation 1 Natural 1 YES 2 NO death death BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 is 90 6 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner as stated. 200. DIGHATURE AND THILE OF CENTREM LA 29c. LICENSE NUMBER
D32417 29d. DATE SIGNED (Month, Day, Year) MI Malunti D 051 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)
RAHUL GILOTRA MD 10620 GEORGIA AVE #218 Silver Spring 10 2-0902 31. DATE FILED (Month, Day, Year)
MAY 17 '91 32 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Boutsady

14705

3. TIME OF DEATH

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REG. NO.

DAY

991

2. DATE OF DEATH

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -**CERTIFICATE OF DEATH** 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH PELLIGRINO EDITH BULIK 0220 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 68 HOURS DAYS 1 M 2 AF 050-18-1523 Dec. 26, 1922 New York 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF CEATN Frederick Frederick Memorial Hospital Frederick 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Middletown Maryland Frederick ₩ YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21769 7128 Limestone Lane 13. WAS OECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—
If yes specify Cuben, Mexicon, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Ri

1 YES 2X NO Specify: FORCES? 1 YES 2 2 NO 1 Never Married 2 Merried White Specify: 3 Widowed 4 Divorced 16a, DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION Board of Education (Specify only highest grade comp Elementary/Secondary (0-12) 1-12 College (1-4 or 5+)
4 yrs. Prince Georges School School Teacher 16. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) William Pellegrino Catherine Acerra 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 7128 Limestone Lane, Middletown, Md. 21769 Charles Bulik 20a. METNOD OF DISPOSITION
1 Duriel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State Brentwood, Md. Fort Lincoln Crematory 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home 11800 New Hampshire Ave., S.S. Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate or haart fallure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final ARTERIOSCHEROTIC CARDIOVASCULAR DISTAISE disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 TYES 2 KNO OF DEATH? 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 X YES 2 NO ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 🔀 Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER D09867 MD 15 W 77 St Frederick Md 2,701

Pages 1, 2, 3 should permit. use as the burial-transit le or attending physician. MARACAND 21215-0020 福 by the funeral director, page 5 shoremoval.

24 hours after death. Page 6 may be

filled in by

and completely fille burial, cremation,

the attending physician a Mental Hygiene prior to

BALTIMORE.

DIRECTOR

FUNERAL

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CERTIFICATION

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TO THE HOSPITAL OF THE FUNERAL COSE FILED WITHIN 72 hr IMPORTANT. If It HOSPITAL

BOX 68760, P.O. OF VITAL RECORDS,

L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be i. OIRECTOR: After this certificate has been signed by the attending physician hours after death with the State Dept. of Health and Merital Hygiene prior to Item 28 is marked, or Item 23 shows any Injury, or other traur DIVISION

31. DATE FILED (Month, Day, Year)

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32. AUGISTRAR'S SIGNATURE

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	FOR 1 - STATE REGISTRAR		YLAND / DEPART CERTIFIC	CATE OF		RE	G. NO.	1470
	1. DECEDENT'S NAME (First, Middle, L.					2. DATE OF DI	EATH DAY Y	3. TIME OF DEATH
5.	LAWRENCE WILL  4. SOCIAL SECURITY NUMBER	AM BURGESS 5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	7, 1991	BIRTHPLACE (State of For
		1 _ JM 2 _ F		ONTHS DAYS	HOURS MIN.	(Month, Day,	Year)	Country)
	577-10-3194  9a. FACILITY NAME (If not institution, g		92 YRS.	9b. CITY, TOWN O	R LOCATION OF D		, 1899 1	MAINE OF DEATH
DIRECTOR	St. Mary"s Hosn	ital		Leonard			St. M	
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. CO		10c. CITY,	TOWN OR LOCATI	ON			10d, INSIDE CITY
E	MD. ST.	MARY'S CO.	LEON	VARDTOWN				LIMITS?
	10e. STREET AND NUMBER	THAT O CO.			ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?
FUNERAL	RT. 1. BOX 73-	A		2	0650		U.	S.A.
2	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARMED	13. WAS DECE	ENDENT OF HISPAI		cify Yea or No 14	. RACE American India Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O			2 X NO Specif		,	Specify:
ED	15. DECEDENT'S	EDUCATION	16a. DECEDENT'S U	SUAL OCCUPATIO	N	16b. KIND	OF BUSINESS/INDUS	WHITE
	(Specify only highest g Elementary/Secondary (0-12)	rade completed)  College (1-4 or 5+)	(Give kind of wo	ork done during mos	at of working			
립	8TH, GRADE		MANAGER			REN	TAL CAR C	OMPANY
COMPL	17. FATHER'S NAME (First, Middle, Last	)			18. MOTHER'S NA			
BE	LINCOLN BURGES	SS			EVA R	IOUX		
2	19a. INFORMANT'S NAME (Type/Print)						ry or Town, State, Zip Co	
	CHERYL M. BURG	ESS					N, MARYLA	
	20e, METHOD OF DISPOSITION  1 Burial 2 Cremetion 3		of cemetary, crematory of	r other place)		DATE	20c. LOCATION — Cit	,
	4 ☐ Donation 8 ☐ Other (Specify) .  21. SIGNATURE) OF FUNERAL SERVIC		OUR LADY'S		D ADDRESS OF FA	5/20/91	MEDLEY	S NECK, MD
	much 1	24 1	1 - )				R FUNERAL	HOME, P.A.
	23. PART I. Enter the diseases,	1. xyaras	ner				ARDTOWN.	
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	AS A CONSEQUENCE OF	wo				
RTIF	that initiated events resulting in death) LAST	DUE TO (OR /	AS A CONSEQUENCE OF)	:				
	PART II. Other algolificant cond	Itlane contributing to deat	th but not resulting in	the residentials	acusa eluan le	Bost I Day	WAS AN AUTOPSY	24b. WERE AUTOPSY FI
CAL			7.		Cadae given in		PERFORMED?	AVAILABLE PRIOR COMPLETION OF C
MEDIC	4		grisea			10	YES 2 NO	OF DEATH?
Σ			-					1  YES 2 1
AN	25. WAS CASE REFERRED TO MEDICA	AL		26. PL	ACE OF DEATH (C	neck only one)		
Sic	EXAMINER?	HOSPITAL:		OTHER:	e 5 🗆 Residence	8 Other (Spe	c(fv)	
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye	RY 28b, TIME	OF 28c, INJ			E HOW INJURY OCCU	RED
BY F	1 Natural 8 Pending 2 Accident Investigat				ES 2 NO			
	3 Suicide 8 Could no	building, atc. (	URY — At home, farm, st (Specify)	reet, fectory, office		28f. LOCATION City or Tox	(Street and Number or m, State)	Rural Route Number,
	4 Homicide determine							
COMPLETED	000)	HYSICIAN: To the best of my k MINER: On the basis of examin						
	29b. SIGNATURE AND TITLE OF CERT		^		29c. LICENSE NU			BIGNED (Month, Day, Year)
BE	( 1 Jun 7	. Tenne	Lur		1001			- 20 -9 1
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type,	Print)	9013			
	John F. Fenwig	Ten	nardtown					
		The state of the s	1012 M M M M M M M M M M M M M M M M M M M					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE Randal	0			-	

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1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAH		CE	niiri	CALE	PUEAIR	H	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	7					2. DATE OF D	DAY	YEAR	3. TIME OF DEATH
	James Wesle	y Bruce					5	13	911	1/73 / 11
	2 18-03-7865	5. SEX 1 1 M 2 □ F	6. AGE (In yrs. lest 72	YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF B (Month, Day		Country	PLACE (State or Foreign rginia
	9e. FACILITY NAME (If not institution, give	treet and number)			96. CITY, TOWI	OR LOCATION OF DE			UNTY OF DE	
DIRECTOR	1309 C. Middlene	ck Drive			Sal	isbury			Wicom	ico
EC	10e. STATE 10b. COUNT			10c. CITY	, TOWN OR LOC	ATION				10d. INSIDE CITY
	,	comico			Salisb	ıry				LIMITS?
A	10e. STREET AND NUMBER				:	101, ZIP CODE		10g. CI	TIZEN OF W	HAT COUNTRY?
FUNERAL	1309 C Middlene	ck_Drive				21801			U.S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. ARI	MED		ECENDENT OF HISPAI specify Çubun, Mexice			14. RACE	- American Indian, White, etc.
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES			ES 2 ANO Specif		, mech	Specifi	/:
	3 Widowed 4 Divorced	1937 to	1947							White
ш	15. DECEDENT'S EDU (Specify only highest grade		16a. DE0	CEDENT'S	USUAL OCCUPA	TION most of working	16b. KINI	D OF SUSINESS/II	NDUSTRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5	life.	Do NOT us	e retired.)			C E -		
AP.	12 Years			earo	od Worl	ker		Seafo	ро	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				-			, Melden Surneme)	1 1 1 1	
BE C	Carson (UNK) B	ruce				Floren	ce (UNK	() Evans		
	19e. INFORMANT'S NAME (Type/Print)		198			t and Number or Rural				
5	Sibyl McClelland	Bruce		1309	C Mid	dleneck D	r. SAli	isbury,	MD 21	801
- 1	20a. METHOD OF DISPOSITION 5-	14-91	20b. PLACE (	OF DISPOS	SITION (Name of	cometery, cremetory or		20c. LOCATION -	- City or Toy	vn. State
	1 Burial 2X Cramation 3 Ran 4 Donation 6 Other (Specify)	ioval from State	other pla Tv 1 e	erton	Cemet	erv				aryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE					CIUTY .		,	
	111011	111				AND ADDRESS OF FA				
	23. PART i. Enter the diseases, or	elen	1			Snow Hill			-	21801
CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	COR AS A CONSECTION AS A CONSE	LY ENCE OF	mpleps	hecurey				Onset and Death
CE		d								+
EDICAL	PART II. Other aignificant condition		deeth but not n	1 4	//	ing cause given in	Quene	WAS AN AUTOPS PERFORMED?  YES 2 - NO	Y 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH (CA	and and and			
0	EXAMINER?  1 YES 2 NO	HOSPITAL:	1		OTHER:					
₹	27, MANNER OF DEATH	26e. DATE OF	ER/Outpatient 3	26b. TIME	-	ome 6 A Mesidence				
BY PHYSICIAN: M	1 Netural 5 Pending	(Month, E			URY	NJURY AT NORK? YES 2 NO	28d. DEŞCRIE	BE HOW INJURY O	CCURED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building,	F INJURY — At horetc. (Specify)	me, farm, a	street, factory, or	fice	261, LOCATION City or Tox	N (Street and Numb wn, State)	per or Rural R	oute Number,
ш	29e, CERTIFIER									
COMPLETED	(Check only one)  1 CERTIFYING PHYS									end manner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIE	R/ D.	000	2		29c. LICENSE NU	MBER	29d. D.		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPI TYPE	0 1/1/s	. on ~	D/-0	10/16			1.	6/11
	JAMES	5.00 L	I FLORE	1 (Type,	PINC)	Lucr & 12	MEDI	cas Pen	ten d	pussuer Mo
r.	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE					7 2.00		
VA	MAY 1 6 '91	lial	avidson-Re	ndell						

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a few requires that the law requires that the death certificate be executed within an in the funeral director, page 5 should be detached for use as the burner filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WHODRIANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use her within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	SECONDARY. IS the Delia marked on Hen 22 shows any injury or other fraumatic event the madical eventuar must be notified at once
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2	2 5	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMEN CERTIFICAT			MENTAL HYGIENE REG. NO.	9	14/09
	1. DECEDENT'S NAME (First, Middle, Last) FLORENCE E.	Bo	otemas	NIE		2. DATE OF DEATH DAY	-	3. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER 206-24-9212	5. SEX 6. AGE (In yr	3. last birthday) IF UNDI	DAYS HO	UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-15-190	2 F	BIRTHPLACE (State or Foreign Country)
TOR	9e. FACILITY NAME (If not institution, give a PENINSULA GENERA)		9b. CI1		SBURY	ATH	9c. COUNTY WI(	COMICO
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  Md.  Wic	omico	10c. CITY, TOWN	OR LOCATION	v			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER  Carroll St			10f. ZIP				OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	₩ NO	If yes, specify		IC ORIGIN? (Specify Yea on, Puerto Ricen, etc.)	r No 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED'BY	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired Housewif	e during most of .)	working	166. KIND OF BUSH		FRY
MO	17. FATHER'S NAME (First, Middle, Last)				MOTHER'S NAI	ME (First, Middle, Malden Si	urname)	
BE C	Samuel Weila	nd			Effic	e Weiland		- 4000
TO B	190. INFORMANT'S NAME (Type/Print) Elizabeth Farl	ow				coute Number, City or Town,		
	20s. METHOD OF DISPOSITION 1	novel from State	ry, crematory or other	POSITION (Nat r place) LPE Cr	em.			or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	Dune			Funer		Sali	sbury, Md.
	23. PART I. Enter the diseases, pr shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse on each	two los		farla		itory smest	Approximate interval Between Onset and Death
NO	Sequentielly list conditions,	DUE TO (OR AS A CO						
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A CO	ONSEQUENCE OF):					
H	resulting in death) LAST	d						
PHYSICIAN: MEDICAL (	PART II. Other significant condition	ns contributing to deeth but	not resulting in the	underlying ca	use given in	Part I. 24e. WAS AN A PERFORM  1 YES 2	AED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
MAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Ch	eck only one)		
SIC	EXAMINER? 1 ☐ YES 2° NO	HOSPITAL:	HR 3 DOA 4 N		☐ Residence	8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY WORK? 1 YES		28d. DEŞCRIBE HOW IN	JURY OCCUR	HED
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, atc. (Specify)	Al home, farm, street, f	actory, office		281. LOCATION (Street er. City or Town, State)	id Number or	Rural Route Number,
COMPLETED	care)	BICIAN: To the best of my knowledger: On the basis of examination as						
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Hagme	D ps	29	D 25	119 I	29d. DATE S	S/14/91
10	30. NAME AND ADDRESS OF PERSON W	to completed cause of Death	3/ S-	>omes	set 0	re Rune	us Q	my rela
2	31. DATE FILED (Month, Day, Year) MAY 1 5 '91	32 REGISTRAR'S SIGNATU				/		21105

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	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MI
C	ECEOENT'S NAME (First, Middle, Last)		7
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STATE REGISTRAR		CERTI				_			-	
1. OECEOENT'S NAME (First, Middle,						MONT		DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	ry N. Bradley	E (In yrs. last birthday	/) JE LINDEI	R 1 YEAR	IF UNDER 24 HRS.	05	OF BIRTH		91	3:00 I
	1 M 2 F	VRQ	MONTHS	DAYS	HOURS MIN.	(Mon	h, Day, Year)		Country	Maryland
216-14-2940 9a. FACILITY NAME (If not institution,	X	74		Y. TOWN O	OR LOCATION OF C		<u>1-27-1</u>	7 9c. COUN	TV OF DI	
Wicomico I	Nursing Home				bury				comi	
RESIDENCE OF DECEDEN  10a. STATE 10b. CO		10c C	ITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY
	Wicomico	100.0		isbur						LIMITS?
10e. STREET AND NUMBER				101	ZIP CODE			10g. CITIZ	EN OF W	THAT COUNTRY?
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20s. METHOD OF DISPOSITION	5-14-91 / 20	0b. PLACE OF DISP other place)	OSITION (N	lame of can	netery, crematory or		20c. L	OCATION — C	≥tv or To	wn. State
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22 PARTY Enter the diseases	, or complications that combe lure. List only one cause on Acute a	Bronchi  A CONSEQUENCE	onot enter	Hollo 501 S or the mo	oway Fun Snow Hil de of dying, su	eral 1 Ros ch as car	ad Sal	piratory arm	eat,	Approximata Interval Betw Onset and De
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use and with the Strain Darf of Health and Mental Handene prior to british cremation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		- 11

1. OECEDENT'S HAME (First, Middle, Last)	Howard Bryan		BROWN		2. DATE OF I	DEATH DAY	9	3. TIME OF DEATH 0.550
212-14-4962	5. SEX 8. AGE (In yrs. le		MONTHS DAYS HOL		7. DATE OF E (Month, De 9-1(	y, Year) )—()()	Co	RTHPLACE (State or Foreign suntry) Maryland
9a. FACILITY HAME (If not institution, give stree PENINSULA GENERAL	•		96. CITY, TOWN OR LO SALISB		ATH		VI COM	
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY  MD Wicc	omico		town or Location Salisbury					10d. IHSIDE CITY LIMITS? 1  VES 2 NO
100. STREET AND HUMBER 610 Homer Street			10f. ZIP	CODE 2 180 1		10g.		S.A.
	12. WAS DECEDENT EVER IH U.S. AI FORCES? 1 ☐ YES 2 ☐ IF YES, GIVE WAR OR DATES △	NO		ENT OF HISPAN Cuban, Maxicar HO Specify	, Puerto Ricar		8	RACE — American Indian, Black, White, etc. Specify: White
15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) ((	Give kind of w e. Do NOT use		working	16b. KiH	D OF BUSINESS	/IHDUSTR	
17. FATHER'S HAME (First, Middle, Last)  Noah J. Brown		Pain			ME (First, Middl eia (I	le, Maiden Surnan	ne)	
19a. INFORMANT'S NAME (Type/Print)  Betty Brown	16		ADDRESS (Street and No Homer St.	umber or Rural R		Olty or Town, State	80 l	)
		y, crematory	OF DISPOSITION (Nan or other place)		DATE	20c. LOCATION		
		Parca	ne Comotor	P 37		50	1 C 011	ry Maryland
21. SIGNATURE OF FUNDING SERVICE LICE	lun_	Parso		way Fun	eral I	Home		
23. PART I. Enter the diseases, pr co shock, or heart failure. Li	omplications that caused the dist only on cause on each lin	leath, Do n	22. NAME AND AD AD AD AD AD AD AD AD AD AD AD AD AD	way Fun	eral I 1 Rd.	Home Salis	bury	MD 2 180 1 Approximate interval Between
23. PART I. Enter the diaseses, or co shock, or heart fellure. Li	emplications that exceed the d	leath, Do n	22. NAME AND AD AD AD AD AD AD AD AD AD AD AD AD AD	way Fun	eral I 1 Rd.	Home Salis	bury	
23. PART I. Enter the disease, pr co shock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition	omplications that caused the dist only on cause on each lin	EOUENCE OF	22. NAME AND ALL HO17 OW 501 Strot anter the mode of the strong of the s	way Fun	eral I 1 Rd.	Home Salis	bury	MD 2 180   Approximate
23. PART I. Enter the diseases, pr conshock, or heart failure. List immediate cause or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significant conditions	DUE TO (OR AS A CONSE	Jeath, Do ne.	22. NAME AND ALL HO17 OW 501 ST OO anter the mode D	obness of FAM way Fun now Hil of dying, such	Part! 24	Home Salis	bury, arrest,	MD 2 180   Approximate
23. PART I. Enter the disease, or conshock, or heart failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II, Other significant conditions	DUE TO (OR AS A CONSE	Jeath, Do ne.	22. NAME AND ALL HO17 OW 501 ST OW anter the mode of t	way Fun now Hil of dying, such	Part !. 24	Home Salis or reapiratory	bury, arrest,	Approximate interval Between Onset and Dea Approximate interval Between Onset and Dea Approximate Approximate Interval I
23. PART I. Enter the diseases, or conshock, or heart fellure. Li immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONSE	EOUENCE OF	22. NAME AND ALL HO17 OW 501 ST OW anter the mode of t	way Fun now Hil of dying, such	Part I. 24	Home Salis or reaplratory  a. WAS AN AUTOR PERFORMED?  YES 2 NO	bury, arrest,	Approximate interval Between Onset and Dea Approximate interval Between Onset and Dea Approximate Approximate Property Finding Approximate Property Computation of Cause OF DEATH?
23. PART I. Enter the diseases, or conshock, or heart fellure. Li immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONSIDER TO (O	EOUENCE OF POUR TOURNER OF THE POUR TOURNER OUT TOURNER OF THE POUR TOURNER OF THE POUR TOURNER OUT TOUR TOURNER OUT TOURNER OUT TOURNER OUT TOURNER OUT TOURNER OUT TOURNER OUT TOURNER OUT T	22. NAME AND AL HO17 OW 501 ST OW ST	DOMESS OF FAMILY AND THE PROPERTY OF DEATH (Chi	Part I. 24.  Lack only one)  6 Other (S)  28d. DESCRI	B. WAS AN AUTON PERFORMED?  YES 2 NO	PSY OCCURE	Approximate Interval Between Onset and Dea Approximate Interval Between Onset and Dea Approximate Interval
23. PART I. Enter the diasesea, pr co shock, or heart failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II, Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 8 Pending	DUE TO (OR AS A CONSI  DUE TO (OR AS A CONSI  DUE TO (OR AS A CONSI  COntributing to death but not  HOSPITAL:  1   Inpatient 2   ER/Outpatient	EOUENCE OF POUR TOURNER OF THE POUR TOURNER OUT TOURNER OF THE POUR TOURNER OF THE POUR TOURNER OUT TOUR TOURNER OUT TOURNER OUT TOURNER OUT TOURNER OUT TOURNER OUT TOURNER OUT TOURNER OUT T	22. NAME AND AL HO17 OW 501 ST OW ST	way Fun now Hil of dying, such	Part I. 24  Lack only one)  6 Other (S)  26d. DESCRI	B. WAS AN AUTON PERFORMED?  YES 2 NO	PSY OCCURE	Approximate Interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea

ENGE

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Ja

W.

31. DATE FILED (Month, Day, Year)

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DHMH-18 Rev 1/89

NG PHYSICIAN: The law requires that the death certificate be executed within 24 moust after death. Page 6 may be retained by the nouptial or attendance of the confidence.	ifter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 around be detached for the funit transit permit. Pages 1, 2, 3 should eath with the State Dent. of Health and Mental Hydiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ance.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept.	IMPORTANT: It item 28 is marked, or item 23

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAN		- C	CRIII	TOATE	UF	DEAL	П		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lost)  ANNA LOUISE BURRIS  2. DATE OF DEATH WONLIN 947 1220												
	4. SOCIAL SECURITY NUMBER 218 05 8988	5. SEX	6. AGE (In yrs. Is	est birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, p)	BURTH	1.0	7 .	CF (State or Foreign
		9e. FACILITY NAME (If not institution, give etreet end number)									UNTY OF DEATH		
<u> </u>	Peninsula General Hospital					9b. CITY, TOWN OR LOCATION OF DEATH			1	Wicomico			
3	RESIDENCE OF DECEDER	1 0	Salisbury Wi				WIC	COM1	0				
DINECTOR	DELAWARE 106. C		TY, TOWN OR LOCATION SEAFORD				LIM		LIMITS?				
LONEHAL	10e. STREET AND NUMBER					10f. ZIP CODE 10g. CITIZEN OF W				N OF WHA			
	RT. 1 BOX	352; NEA	L'S SC	HOOL	RD,		199	73			US.	A	
5	11. MARITAL STATUS  1 Never Merried 2 Merried 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, etc.)  1 ☐ YES 2 NO Specify:  14. RACE — America Black, White, etc.  Specify:  W			American Indian, hite, etc.				
1	15. DECEDENT' (Specify only highes	S EDUCATION	16a. D	ECEDENT'S	S USUAL O	CCUPATION	ON of worlds		16b. Ki	IND OF BUSI	NESS/INDUS	STRY	
	Elementary/Secondary (0-12) College (1-4 or 5 +)					vork done during most of working e retired.)  VAKER  OWN HOME							
	17. FATHER'S NAME (First, Middle, La	st)				-			ME (First, Mid				
	LEE (NK) E	IANS							HELE				NS
	19a. INFORMANT'S NAME (Type/Print	)	1	96. MAILIN	G AOORESS	S (Street a	and Number	or Rural	Route Number,	City or Town,	State, Zip C	ode)	
	DOUGLAS E. BI	JRRIS (SO	N)	di. 0 (	DUX	194	t; DA.	LTD.	BURY,	MARY.	LAND	218	01
	20 METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 C 4 Donation 5 Other (Specify				TOWS			ERY	DATE		ATION — CH FORD		State L. 1997
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HOME, INC.  FRONT & RING STREETS 19973												
CENTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Olsease or Injury CAUSE (Olseas												
	that initiated events resulting in death) LAST	d	O (DR AS A CONSI	EQUENCE (	OF):								
	PART II. Other significent con	ditions contributing t	o deeth but not	resulting	in the un	derivin	C Cause C	aiven in	Part i. 2	IA. WAS AN A	ITTOPSY	24b WE	RE AUTOPSY FINDINGS
	Hyperter						PERFORM	ED?	CO OF	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO			
	25. WAS CASE REFERRED TO MEDIO					-							
	EXAMINER?	HOSPITAL:			OTHER	R:			neck only one)				
	1 TYES 2 ND 27. MANNER OF DEATH	1 li Inpetient 2	ER/Outpatient	28b. Til	-	-		sidence	6 Other (S				
	1 X Natural 5 Pending 2 Accident Investig	(Month,	Day, Year)	JN.	IJURY M				28d. DESCH	DESCRIBE HOW INJURY OCCURED			
	3 Suicide 8 Could r 4 Homicide determi	ot be building	OF INJURY — AI h g, atc. (Specify)	ome, farm,	street, fact	tory, offic	-		281. LOCATI City or	ON (Street an Town, State)	d Number or	Rural Route	Number,
	onel	PHYSICIAN: To the best of											d manner as stated.
	29b. SIGNATURE AND TITLE OF CE	TIFIER					29c. LICI				29d. DATE S	SIGNEO (Mo	onth, Day, Year)
	John 56.	relacting			у М.:	E.	DC	359	99		▶ 05	-10-	-91
	John T. Bulk	eley, M.	D., 108	Pi		luf				sburv			111111111111111111111111111111111111111
	31. DATE FILED (Month, Day, Year)	32. REGISTE	PAR'S SIGNATURE	00				- /-			,		
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If IIem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified et once.
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permit, Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			NTAL HYGIEN REG. NO.	1	14713	
	1. DECEDENT'S HAME (First, Middle, Last,	or Bo	HLEJO	HN EGON		DATE OF DEATH MONTH DA 2 2	10	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-16-0547	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) AN. 11,	C	IRTHPLACE (State or Foreign ountry)	
E E	9a. FACILITY HAME (If not institution, give			b. CITY, TOWN C	R LOCATION OF DEATH		1908 PENNSYLVANIA		
	UNIVERSITY OF MA					BALTIMORE			
띩	RESIDENCE OF DECEDENT	INTERNED HOOF I		L BALTIMORE				MORE	
DIRECTOR	100. STATE 106. COUN MARYLAND ST.	MARY'S		MECHANICSVILLE				10d. IHSIDE CITY LIMITS? 1 YES 3/ HO	
	10e. STREET AHD HUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
EB/	4750 THREE NOTCH	ROAD		1 2	20659		U.S.A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	R IH U.S. ARMED 13. WAS DECEN		EHDENT OF HISPANIC ORIGIN? (Specify Ye			RACE — American Indian, Black, White, atc.	
	1 Hever Merried 2 Merried	FORCES7 1 THE YES	2 UHO		pecify Cuban, Mexican, Puerto Rican, etc.) S 2 X HO Specify:			Specify:	
BY	3 Widowed 4 Divorced	1934-1935					W	HITE	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATIOH de completed)	16a. DECEDENT'S US (Give kind of wor	rk done during mo		16b. KIND OF BU	SINESS/INDUSTI	RY	
W	Elementary/Secondary (0-12)	College (1-4 or 8+)	life. Do NOT use						
MP	8TH GRADE		FIREMA	N		U.S. G		NT	
8	17. FATHER'S HAME (First, Middle, Last)				18. MOTHER'S HAME		Surname)		
BE	EGON BOHLE				ANNA BL				
2	19a. INFORMANT'S NAME (Type/Print)		CO- STANISH		nd Number or Rural Route				
		LOUISE M. BOHLE						MD. 20659	
	20a. METHOD OF DISPOSITION 1 □XBuriel 2 □ Cremetion 3 □ Re	movat from State of	b. PLACE AND DATE ( cemetary, crematory or	other place)			CATIOH — City		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUHERAL SERVICE 1		RINITY ME		DENS 05:		ALDORF,	MARYLAND	
	21. SIGNAL OF FUHERAL SERVICE I	4///	/ -		NGLEY-GAR		NERAL H	OME. P.A.	
	Muchael	* Harde	ner					RYLAND 20650	
	23. PART if Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Hyper	aach ilna.					Approximate interval Between Onset and Death	
CERTIFICATION	disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
监		d							
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ona contributing to deeth	but not resulting in	the underlyin	g cause given in Par	24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 DMO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Check	only one)			
SIC	EXAMIHER?	HOSPITAL:		OTHER:	ne 5 🗆 Residence 8 🗆	or the Steel Steel St.			
HYS	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. IH.	JURY AT 20	d. DESCRIBE HOW	IHJURY OCCURE	ED	
	1 Netural 5 Pending	(Month, Day, Year)	IHJU		YES 2 NO				
D BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF IHJUR	28e. PLACE OF IHJURY — At home, farm, street, factory, office 28f, LOCATION (Street and Number or Rural Route Number						
ETE	4   Homeda								
COMPLETED	one)	SICIAN: To the best of my kno HER: On the besis of examinati						ruse(s) end manner as stated.	
8		2							
BE	SHC SIGNATURE AND TITLE OF CERTIF	Z	100- 1	m	29c. LICENSE HUMBE		29d. DATE SIG	GNED (Month, Day, Year)	
5	26 HAME AND ADDRESS OF PERSON N	WHO COMPLETED CALLES OF D	EATH (ITEM AT) (Total	Drint)			1	100/11	
	Douglas	Green	C (11EM 21) (1998, 1	no	301	St. P	NIC	freez	
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	MATURENDER	-					

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1203-3146	or attendor physician	i use as in the other in	)
MARYLAND 2	retained by the hospital	5 should be detached to	notified at once.
BALTIMORE, MARYLAND 21203-3146	r death. Page 6 may be	he funeral director, page al.	examiner must be
•	rted withinaurs afte	completely filled in by the	c event, the medical
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	leath certificate be execu	attending physician and ntal Hygiene prior to bu	y, or other traumati
L RECORDS,	law requires that the d	has been signed by the Dept. of Health and Me	23 shows any injur
ION OF VITA	NDING PHYSICIAN: The	A: After this certificate In death with the State	is marked, or item
DIVIS	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinaurs after death. Page 6 may be retained by the hospital or attend a manner.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached foll use as be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		C	ERTIF	ICATE OF	DEATH		REG. NO			17/14
	1. OECEDENT'S NAME (First, Middle, Last) CHARLES	Ε.		BAK	FD		2. DATE OF DEATH MONTH MAY 18, 1991			YEAR	3. TIME OF DEATH
	4, SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN		A BIRTH	IPLACE (State or Foreign	
	212 26 9482	1 📉 M 2 🗌 F	62			HOURS MIN.	8-20-28		Maryland		γ)_
-	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUN								NTY OF D	EATH	
STOR	Perry Point VAMO				Perry Point Cecil						
DIRECTOR	Maryland Harfo			Aberdeen							10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	331 Edmund Stree	of:			10	21001			10g. CITI		VHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS OECEDENT EVER IN U.S. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES TO LEAR			IRMEO 13. WAS DECENDENT OF NISPANIC			an, Puerto	n, Puerto Rican, atc.) Bid			American Indian, k, White, etc.
TED	15. DECEDENT'S ED (Specify only highest grad			(Give kind of a	USUAL OCCUPAT		16	b. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+)			Painter			Painting				
SO	17. FATHER'S NAME (First, Middle, Last)	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA			Sumeme)		
BE (	Ernest Baker					Lillie		,			
10	190. INFORMANT'S NAME (Type/Print) Harvey Baker					end Number or Rural y Ave. H					21078
	20c. METHOD OF DISPOSITION  1 Burlal 2XXX remation 3 Removal from State  4 Donalion 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place)  R. A. Ferris & Co., Inc.  20c. LOCATION — City or Town, State  other place)  West Chester, PA										
	21. SUGNATURE OF FUHERAL SERVICE LICENSEE  **Kustex A-lugges be Aberdeen, Maryland 21001-3399  23. PART I. Enter the diseases, or complications that caused the dueth. Do not enter the mode of dying, such as cardiac or respiratory screen.  Approximate										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Interval Between Onset and Death Onset and										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Cigarrette abuse  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
W I	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Diabetes mellitus  24a. WAS AN AUTOPSY PERFORMED?  PERFORMED?  COMMISSION OF CAUSE										į
			death but no	t resulting	in the underlyle	ng cause given in	Part I.	PERFO	RMED?	246	AMAILABLE PRIOR TO
			death but not	t resulting	in the underlyle	ng cause given in	Part I.		RMED?	240	
	Diabetes me. Obesity ASpiration 25. WAS CASE REFERRED TO MEDICAL	llitus	death but not	t resulting		ng cause given in		PERFO	RMED?	244	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Diabetes me Obesity ASpiration				26. I OTHER:		heck only (	PERFOI  1 YES :	RMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Diabetes me  Obesity  ASpiration  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Noturn 5 Pending	HOSPITAL: 1 Mospital: 26a. DATE Of	□ ER/Outpatient	3	26. I OTHER: 4  Nursing No E OF 28c. IN URY Y	PLACE OF DEATN (Come 5 Pesidence JURY AT ORK?	heck only o	PERFOI  1 YES :	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Diabetes me.  Obesity  ASpiration  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATN	HOSPITAL: 1 Minpatient 2 (Month, L	ER/Outpatient FINJURY Day, Year)	3 □ DOA	26. I OTHER: 4  Nursing No E OF 28c. IN URY Y	PLACE OF DEATN (Come 5 Peeldence JURY AT ORK? YES 2 NO	6 Oth	PERFOI  1 YES :	RMED?  X NO  INJURY OCI	CUREO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Diabetes me.  Obesity  ASpiration  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 X Netural 5 Pending Investigation 2 Accident Investigation of bed determined  29e. CERTIFIER (Check only)	HOSPITAL: 1 Mospital: 20a. DATE Of (Month, I) 28a. PLACE of building	ER/Outpatient FINJURY Dey, Year)  OF INJURY — At etc. (Specify)  of my knowledge,	3 DOA 28b. TIM IN.	26. I OTHER: 4   Nursing No E OF   28c. IN URY   1     street, factory, off	PLACE OF DEATN (Come 5 Residence JURY AT ORK? YES 2 NO ce e and place, end du	6 Ott	PERFOI  1 YES :  1 YE	RMED?  X NO  INJURY Oci	CUREO or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Diabetes me.  Obesity  ASpiration  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER OF DEATN  1   Netural 5   Pending Investigation 2   Accident 3   Suleide 6   Could not be determined  200. CERTIFIER   X CERTIFYING PNY ONE)  200. SIGNATURE AND TITLE OF CERTIFIER  1   MEDICAL EXAMIN	HOSPITAL: 1 Minpatient 2 26a. DATE Of Month, 6 28a. PLACE 6 building	ER/Outpatient F INJURY Pey: Year)  OF INJURY — At etc. (Specify)  f my knowledge, examination end/c	3 DOA 20b. TIM IN. home, ferm,	26. In OTHER:  4  Nursing No IE OF 28c. In IURY M 1	PLACE OF DEATN (Come 5 Residence JURY AT ORK? YES 2 NO ce e and place, end du	heck only of 6 Oth 28d, Di 28d, Di 28d, LO C#	PERFOI  1 YES :  1 YE	RMED?  RY NO  INJURY OCH  and Number	CUREO  or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	Diabetes me.  Obesity  ASpiration  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 X Netural 5 Pending Investigation  2 Accident 6 Could not be determined  29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL:  1 Mospital:  28a. DATE Of (Morth), (M	ER/Outpatient F INJURY Pey: Year)  OF INJURY — At etc. (Specify)  f my knowledge, examination end/c	3 DOA 28b. TIM IN. IN. IN. IN. IN. IN. IN. IN. IN. IN.	26. In OTHER:  4  Nursing No is OF 28c. In IURY M 1  street, factory, off is deat the lime, date on, in my opinion,	PLACE OF DEATN (C me 5  Residence JURY AT ORK? YES 2  NO ce e and place, and du death occured at the	heck only of 6 Oth 28d, Di 28d, Di 28d, LO C#	PERFOI  1 YES :  1 YE	RMED?  RY NO  INJURY OCH  and Number	CUREO  or Rural	ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,

BALTIMORE, MARYLAND 21203-3146

BOX 13146,

P.0.

RECORDS.

OF VITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) Catherine Elsie Broderock 2. DATE OF DEATH 3. TIME OF DEATH 710 ELSIE ATHERINE P. 5 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 216 24 3563 March 27,1930 DAVE Maryland 1 M 2 F 9a. FACILITY NAME (If not institution, give atreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Howard County General Hospital Columbia Howard DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Maryland Howard Ellicott City FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 12130 Mt. Albert Road U.S.A. 21043 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married
3 Widowed 4 Divorced 1 YES 2 NO Specify Specify: White BY ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15 DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Real Estate COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Elsie Taylor: George W Owens BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
P.O. Box 179 Coltons Point Md 20626 2 John T Broderick 204 METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State StoleJohns Cemetery Ellicott City 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Harry How Witzke Funeral Home Inc. Harry 4112 Old Columbia Pikeellicott City 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line. Interval Retween Onset and Death IMMEDIATE CAUSE (Final disesse or condition Thoracic Aortic Anewrysm 3 H tured resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL hypertension PERFORMED? AMAILABLE PRIOR TO sarette abuse COMPLETION OF CAUSE 1 YES 2 NO post tobedone Fight days SUTC nepair 1 TES 2 WHO later archic aneurysm PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TYES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify)

27. MANNEY OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Netural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

IChack only

1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 PMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) D31473 2 0 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4565 Hemlock line way Howard Count Deprty ME PATRYCE A TOYE, MO MD 21843 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE whia Davidson Randoll

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ROLAND C. BLUCHER 3:00PM May 15, 1991 7. DATE OF BIRTH
(Month, Day Year)
April 26,1918 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Maryland Maryland DAYS HOURS 1 X M 2 | F 78 216 03 1131 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Howard Ellicott City 3005 Southview Road DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION 1 YES 2 NO Ellicott City Howard Maryland FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21043 3005 Southview Road use as the burial-transit horsel or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO IF YES, GIVE WAR OF DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married ВҰ 3 Widowed 4 Olvorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 166. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) 10 Elamentary/Secondary (0-12) College (1-4 or 5+) Balto. Gas& Elec Co Driver detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Hermansdorfefer Frances 2 Clarence Blucher F BE should notified retained 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20e, METHOD OF DISPOSITION 9 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State nours after death. Page 6 may must 1 M Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) by the funeral director, removal. Baltimore Md. Loudon Park examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HATTY H WITZKE Funeral Home Inc. Harris W 4112 Old Columbia Pike Ellicott City medical that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, 23. PART I. Enter the diseases, or complications Approximata filled in by shock, or heart fallure. List only one cause on each line Interval Between ŏ Onset and Death IMMEDIATE CAUSE (Finalthe cremation, disease or condition this certificate has been signed by the attending physician and completely with the State Dept, of Health and Mental Hygiene prior to burial, crematic riced, or Item 23 shows any injury, or other traumatic event, the within resulting in death) executed CERTIFICATION Sequentially list conditions, DUE TO JOB AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events 2 certificate DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST requires that the death PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE NO 1 YES 2 OF DEATH? NO 1 TYES 2 MP 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The EXAMINER? OTHER: THE HOSPITAL OR ATTENDING PHYSICIAN: 1 THE FUNERAL DIRECTOR: After this certificat filed within 72 hours after death with the Sta NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA 4 🗆 Nt ence 8 🗆 Other (Specify) 27 MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked, 1 Matural
2 Accident 1 YES 2 BY Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is 8 Could not be determined ETED 4 Homicide Hem 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL = tion and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) PORTANT: 29b. SIGNATURE AND TITLE OF # 29d. DATE SIGNED 299 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30, NAME AND ADDRESS OF PERSO 1101 aiden Choice 31. DATE FILEO MAN 32. REGISTRAR'S SIGNATURE Aulia Saire OHMH-18 Rev 1/80

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 2. DATE OF DEATH

3. TIME OF DEATH

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	und the build-transit permit. Pages 1, 2, 3 shou		
quies that the death cellulicate be executed within 2.5 Mous After death. Page of may be interested that the death.	signed by the attending physician and completely filled in by the funeral director, page 5 should be detected we	f Health and Mental Hygiene prior to burial, cremation, or removal.	some near Indiana on other tennencely entend the marilles aversions revised he notified at some

BALTIMORE, MARYLAND 21205-3446

TO THE Do filed the filed	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\infty\$ words after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 mount be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nettlined at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	AND / DEPARTN CERTIFIC				GIENE -		4/1/	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	ATH DAY	YEAR	ME OF DEATH	
	MA) 2	May Eliz	zabeth	BLOOM # UNDER 24 HRS.	7. DATE OF BIR		RISTHEL ACI	E (State or Foreign	
	215/67530 10 M 2 KF		ONTHE DAYS	HOURS MIN.	(Month, Day, 1		Country)	(State or Fureign	
	9a. FACULTY NAME (If not institution, give steps)	90		R LOCATION OF OE	ATH	9c. COUNT	TY OF DEATH		
OR	/	ENRA/1403A	Colu	nbia,	md.	No	WAR	d	
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ION				INSIDE CITY	
DIR	mo Howard Co	Co	lumbe	a, mo	l.			LIMITS? YES 2 NO	
AL	100. STREET AND NUMBER 7080 Cradle rock	1	101.	ZIP CODE		10g. CITIZ	EN OF WHAT	COUNTRY?	
FUNERAL				2104			03/2		
ВУ	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D/	2 3NO	If yes, spe	ENDENT OF HISPAN scity Cuban, Mexica 2 Specify	n, Puarto Rican, a		14. RACE — Ar Black, Whit Specify: [		
LED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S US	k done durina moi	IN at of working	16b. KIND	OF BUSINESS/INDU	JSTRY		
LEJ	Elementary/Secondary (0-12) College (1-4 or 5+)	Housewi	etired.)						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			IS. MOTHER'S NA	MF (First Middle I	Meiden Surnemel			
	George R Engelhart				Schmidt				
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AC	ODRESS (Street e	nd Number or Rural F			Code)		
F	Shirley B Insley			ge Road					
	1 To Burial 2 Cremation 3 Removal from State	other place)	12.0			20c. LOCATION — C			
3	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Garden of	22. NAME AN	ID ADDRESS OF FA	CILITY	Baltimo		yland	
	· Harry H. Wetzk			H Witzk				ity	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line.  Approximate interval Between Onset and Deeth								
	resulting in death) a.	A CONSEQUENCE OF):		Litter	NI .		+	Loaye	
z							1		
TIO	If any, leading to immediate	A CONSEQUENCE OF):	-						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A	A CONSEQUENCE OF:					-		
RTI	that initiated events resulting in death) LAST	,							
	PART II. Other algnificant conditions contributing to death b	nut not moulting in	Ab	1 1	Best Laure		T		
ICAL	No NC	nut not resulting in	the underlying	) cause given in		WAS AN AUTOPSY PERFORMED?	AWAIL	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE	
EDI					_   '	YES 2 NO		YES 2 NO	
2					_		1	100 1 100	
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)				
YSI	1 YES 2 NO 1 No 1 No 1 Printed the Printed Pri	petient 3 DOA 4	☐ Nursing Hom	e 5 🗆 Residence		**			
PH	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	TY WO	RK?	28d. OESCRIBE	HOW INJURY OCC	URED		
ВУ	2 Accident Investigation 3 Suidelds 286. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Bu						or Rural Route i	Number,	
TEC	4 Homicide determined building, etc. (Specify)								
COMPLETED	29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my know	viedge, death occurred	at the time, date	end place, and due	to the cause(e)	and manner se state	ed.		
OM	one) 2 MEDICAL EXAMINER: On the beste of examination	on and/or investigation,	In my opinion, d	leath occured at the	Hime, date end p	lace, end due to the	e ceuse(e) and	manner as stated.	
BE (	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Mon	th, Day, Year)	
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH STEM OF CO. D	-(-1)	00	93 × 6		5 - 9 -	91	
	Medical Arts Building	Suitel	04,0	columb	ia, n	1D. 210	44		
1	31. DATE FILED (Month, Day, Year)  NAY 1 4 91  Selica Devides	NATURE PAINTE			,				

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1 - FOR STATE REGISTRAR

	Breese, Eliz	abeth					4-	29 9	1 3.5
	4. SOCIAL SECURITY NUMBER 217-30-8667	5. 9EX 1 □ M 2 X F	6. AGE (In yes. lest to 9.7	YRS. MONTHS	DAYS	IF UNDER 34 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Hear) 7-4-93		COUNTY) Virginia
NO.	Meridian-The Pin		utchman'		astor	MD 2	1601	Sc. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10s. COUR	WTY	T	10c. CITY, TOWN	OR LOCATE	ON			10d. PHSIDE CIT LIMITS?
	md.	ralbot			293	stool		T	1 A VES 2
RAI	10% STREET AND NUMBER	et 81	Lacal		101.	ZIP CODE	DI	10g. CITIZEN	OF WHAT COUNTRY? $IJ \leq A$
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  1 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. ARMS		If yes, spe		GC ORIGIN7 (Specify Y in, Puerto Ricen, etc.)	hs or No.— 14.	RACE — American Inc Black, White, etc. Specify:
COMPLETED	18. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (9-12)		(Give	EDENT'S USUAL O kind of work done to NOT use retired.)	during mas		166. KIND OF B	USINESS/INDUS	тну
COMF	17. FATHER'S NAME (First, Middle, Last)		1 3	DONE	200	18. MOTHER'S NA	ME (First, Middle, Maide	n Someme)	
8	19u. INFORMANT'S NAME (Type-Print)		196.	MAILING ADDRES	S (Street as	nd Number or Humi	Route Number, City or T	wn. State. Zip Co	del
2	HAZEL &	Tues		2008	4-	711	EASTON	m	1. 216
	20s, METHOD OF DISPOSITION 1 Duries 2 - Segmention 3 - Re	emoval from State	20b. PLACE AT of cometary, co	NO DATE OF DISK	POSITION (	mand Harpore	DATE 204.	OCATION - CITY	or Town, State
	4 Dentition 5 Dither (Specify)	Licenses 7 1	100	CANTIL	1	APORESS OF EA	214271	Casta	on, ma
õ		b. Due to	OR AS A CONSEQU	ENCE OF	20.10	une /	elso vo	e sym	
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	6. DUE 10	(OR AS A CONSEQU	HENCE OF):	nderlying	cause given in		NN AUTOPSY ORIMED? 2 NO	24b. WERE AUTOPSY ANALARIE PRO COMPLETION OF OF DEATH?
: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	6. DUE 10	(OR AS A CONSEQU	HENCE OF):	nderlying	cause given in	PERF	ONMED?	24b. WERE AUTOPSY AVAILABLE PRO COMPLETION OF
: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the condi	d	OR AS A CONSEQU	Sulting in the u	26. PL	cause given in	1 🗆 YES	ONMED?	24b. WERE AUTOPSY ANALARIE PRO COMPLETION OF OF DEATH?
: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the condition of the condition of the cause of the caus	d. DUE 10	GOR AS A CONSCOU	Sulting in the u	26. PL PI: msing Home 28c. NJI	ACE OF DEATH (CA	1 🗆 YES	2 NO	24b. WERE AUTOPSY AWALARIE PRO COMPLETION OF OF DEATH? 1 YES 2
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the cause of th	d. DUE 10	GOR AS A CONSCOU	Sulting in the u	26. PL PL: msing Home 26c. INJ	ACE OF DEATH (C)	PERF 1   YES	2 NO	24b. WERE AUTOPSY AWALARIE PRO COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the cause of the	DUE TO  d.  HOSPITAL: 1   Inpatient 2    28s. DATE OF (Month, D.)  29s. PLACE Of be building.	GOR AS A CONSCOU	Sulting in the u	26. PL PL: Insing Home 26c. INJ WO T V	ACE OF DEATH (CA	PERF 1   YES	N INJURY OCCUR	24b. WERE AUTOPSY ANALARILE PRO COMPLETION OF DEATH? 1  YES 2
ETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported by the support of the	DUE TO  d.  HOSPITAL: 1   Inpatient 2    28s. DATE OF (Month, D.)  29s. PLACE Of be building.	Geath but not red  ER/Outpatient 2 C  INJURY (1977) Tel. (Specify)  my knowledge, death	DOA DEPER	26. PL PI: PI: PI: PI: PI: PI: PI: PI: PI: PI:	ACE OF DEATH (CA	PERF 1 [] YES  1 [] YES  1 [] YES  2 Dither (Specify)  2 St., DESCRIBE HOVE  2 DEL LOCATION (Strength of the Cause(s) and re-	N INJURY OCCUR of and Number or	24b, WERE AUTOPSY AMALARIE PRO COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported by the support of the	HOSPITAL: 1 inspettent 2   28e. DATE OF (Morth, In the best of sincers) 1 inspettent 2   28e. PLACE Of building.	GRAS A CONSEQUE  death but not res  ER/Outpatient 2 [ BUJURY agreement of the constitution and the constitution an	DOA DYSPEE DOA DYSPEE	26. PL PI: PI: PI: PI: PI: PI: PI: PI: PI: PI:	ACE OF DEATH (CA	PERF 1   YES  1   YES  1   YES  1   YES  2   Other (Specify)  2   St. DESCRIBE HOW  2   St. LOCATION (Sme. City or River, She  1 to the cause(s) and retime, date and place,	N INJURY OCCUR  If and Number or te)	24b, WERE AUTOPSY AMALARIE PRO COMPLETION OF OF DEATH? 1 YES 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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Should	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 23 shows any injury or other traumatic event, the medical examiner must be notified at ofice
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Il-transit permit, Pages 1, 2, 3 should

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	11 14719
	Charles Medford Brown Sr. May 05, 199	
	4. SOCIAL SECURITY NUMBER 5. SEX  AGE (In yrs. lest birthdey)  F UNDER 1 YEAR F UNDER 24 HRS.  OMNTHS DAY'S HOURS MIN.  7. DATE OF BIRTY (Morth, Dey, Year)  (Morth, Dey, Year)  90. FACILITY NAME (If not institution, give street and number)  90. FACILITY NAME (If not institution, give street and number)  90. COUNTY	BIRTHPLACE (State or Foreign Country) May Kind
STOR	Kent & Queen Anne's Hospital Inc. Chestertown Kent Kent & Chestertown Kent Kent & Chestertown Kent Kent & Chestertown Kent & Ch	
DIRECTOR	Maryland Kent Chestertawa	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	216 Calvert St. 21620 C	OF WHAT COUNTRY?
B	1 Never Merried 2 Merried 1 Never Merried 2 Merried 1 YES 2 NO 1 Y	. RACE — American Indian, Black, White, etc. Specify
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5+)  The Chance  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  The Chance	
BE COMPLET	17. FATNER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)  Medfor d. Brown  Makel Brown	
TO B	196. INFORMANT'S NAME (Type/Print) ( harles Brown, J. 96-3057 Ave. Le Frek C	ity N. V. 1136
	20e. METNOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  21, Signature of Funeral Service Licenses  22, NAME ANO ADDRESS OF FACILITY	,
	Bear Suith Hurland md.	Hane
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest shock, or heert fellure. Liet only one cause on each lins.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  e. Spication Presulting in death)	t, Approximats Interval Between Onset and Death 24 hrs
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
CERI	resulting in death) LAST	
MEDICAL	PART II. Other eignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I.  Chronic Reval Farleire, Award,  Plantal Efficient, Pray, Stophe  1 YES 2 100	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  10	
ВУ РНУ	27. MANNEB-OF DEATN  1 Netural 5 Pending 2 Accident Investigation  280. DATE OF INJURY (Month, Day, Year)  280. TIME OF INJURY WORK?  1 YES 2 NO  280. DESCRIBE NOW INJURY OCCUP	
ED	3 Suicide S Could not be determined 28e. PLACE OF INJURY — At home, ferm, etreet, fectory, office building, etc. (Specify) 28e. CERTIFIER 1 STITISTING PUNCICAL T. At home, ferm, etreet, fectory, office City or Town, State)	
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the c	ceuse(e) and menner as stated.
TO BE	29d. SIGNATURE AND TITLE OF CERTIFIER  29d. DATE S  29d. DATE S  29d. DATE S  29d. DATE S  29d. DATE S	HONED (Month, Dey, Year)

21620

Sulia Secridary

30. NAME AND ADDRESS OF PERSON WNO CGOHFFIED Bay
31. DATE FILED (Month, Day, Year)

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Bauman

BALTIMORE, MARYLAND 218

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Mide	die, Last)					2. DATE OF DEATH	AY YEA	3. TIME OF DEATH			
	Thelma V				5/2/91	AY YEA	S:35 PM  BIRTHPLACE (State or Foreign  MD)  OF DEATH  (1bot  10d. INSIDE CITY LIMITS?  XXYES 2 NO  OF WHAT COUNTRY?  ISA  RACE — American Indian, Black, Whita, etc.  Specify: White  RY  10d. INSIDE CITY LIMITS?  With the state of the state					
- 7	4. SOCIAL SECURITY NUMBER	5. SEX		rs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign			
	215-20-202	25 1 □ M 2 💢 F		83 YRS.	MONTHS DAY	YS HOURS MIN.	7/8/07					
	9a. FACILITY NAME (If not Instituti				9b. CITY, TOV	VN OR LOCATION OF	DEATH	9c. COUNTY O				
	William H				Eas	ston		Ta	lbot			
DINECTOR.	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			10c. CI1	TY, TOWN OR LO	DCATION			10d. INSIDE CITY LIMITS?			
	MD Talbot				East	on						
- 18	10e. STREET AND NUMBER	Turboc			nabel	101, ZIP CODE		10g. CITIZEN (				
	17 Sycamor	re Ave.				2160	1	U	SA			
	11. MARITAL STATUS	12. WAS DECEDE	ENT EVER IN U.S	S. ARMED	13. WAS	DECENDENT OF HISP	ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	a or No- 14. F	RACE — American Indian,			
	1 Never Married 2 Marr 3 Xidowed 4 Divorced	IF YES, GIVE	WAR OR DATE	S		YES 2 XNO Spe						
			1.0									
	(Specify only high	NT'S EDUCATION hest grade completed)	-		Work done during	PATION g most of working	16b, KIND OF BL	ISINESS/INDUSTR	NY .			
	Elementary/Secondary (0-12)	College (1-4 or s		Homem				wn Hom	0			
	17, FATHER'S NAME (First, Middle,	Last)		Homen	axer	18. MOTHER'S I	AME (First, Middle, Maide					
	Alonzo Br						sie Gibb					
ı	19a. INFORMANT'S NAME (Type/F			19b. MAILIN	G ADDRESS (Str	eet and Number or Run	Il Route Number, City or To	vn, State, Zip Code	9)			
2	Mary B. Se	eiter		P.O	- Box	1086	Easton, M	D 21	601			
	20s. METHOD OF DISPOSITION			LACE AND DAT	E OF DISPOSIT	TON (Name		OCATION — City of				
	1 N Burial 2 Cremation 3				y or other place)		7 5/6 P	ocomok	e. MD			
	21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE			22. NAM	E AND ADDRESS OF	FACILITY					
Newnam Funeral Home 200 S. Harrison St., Easton,									ton MD			
	23. PART I. Enter the disea											
	IMMEDIATE CAUSE (Final disesse or condition resulting in death)	- 1/W	MC CO	lion	apy	Merci	Husel	a X	Onset and Office			
	Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	1//	o tok se v ol God se v ol Blev	Medicine of	fell	ilis			year			
L CE		- //0//		- 1	-	/	100		grus.			
	PART II. Other significant of	conditions contributing	to death but	not resulting	in the under	fyling cause given	in Part I. 24e. WAS A		24b WERE AUTOPSY FINDINGS			
MEDICAL	PART II. Other significant of	conditions contributing	to death but	not resulting	in the under	lying cause given	in Part I. 24e. WAS A PERFO	RME07	24b MERE AUTOPSY FINDING AMILABLE PRIORI TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO			
MEDICAL	25. WAS CASE REFERRED TO ME EXAMINERT	EDICAL HOSPITAL:		900 Television (1)	QTMEN:	E PLACE OF DEATH (	PERFO	RME07	AWAILABLE PRIOR TO COMPLETION OF GAUSE OF DEATH?			
PRISICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural S Page	EDICAL HOSPITAL: 1   Inputient 2 25e. DATE (Month.	t 🗆 ER/Outpetiv	ent 3 🗆 DOA	QT MUIFI: 4 Nursing ME OF 28:	E PLACE OF DEATH (	1 YES	PINED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 VEB 2 NO			
BI THISICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINERY 1 YES 2 NO  27. MANNER OF DEATH 1 Natural S Pan 27 Accident Inve	EDICAL MOSIPITAL: 1   lopatient 2 25a. DATE (Month, atigation 25a. PLACE	E ERVOutpetie OF SNJUSTY , Disy, Year)	and 3 DOA 28b. Til	QT MUIFI: 4 Nursing ME OF 28:	Home 5 Residence	PERFO 1 VES Check only one)	INJURY OCCURE	AWAILABLE PROOF TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINERY 1 YES 2 NO  27. MANNER OF DEATH 1 Natural S Pen Accident 3 Suicide 6 Cou 4 Hoenicide 6 Certifyl (Chopf oh)  29a. CERTIFIER (Chopf oh) MEDICAL	EDICAL HOSPETAL: 1   logaritent 2 26s. DATE (Morth, (Morth) 18 not be emined   25s. PLACE building (MORTH) 18 not be examined   EXAMINER: On the besits of	E ERPOutpets OF INJUSTY Day, Next; OF INCLUSTY — sq. etc. (Specify) of my knowled;	ant 3 DOA 28b. TE III	OT MEIFE: 4 of Nursing ME OF 286 JUNEY M 1 street, factory,	Home 5 Residence LINJURY AT WORST YES 2 NO office  data and piece, and con, death occured at	Check only one)  a & □ Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Shee City or Novn. Stat	INJURY OCCURE  and Number or fit  anner as stated, and due to the car	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 VEB 2 NO  D  Lines Route Mumber,  use(a) and manner as stated.			
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pant 2 Accident Inver 3 Suicide 6 Cou 4 Homicide Con (Chopk ohl) 1 CERTIFYI	EDICAL HOSPITAL: 1   lepatient 2 Se. DATE   (Month, attigation 2 set published builder mined   EXAMINER: On the busis of COTTIFER	E ERPOutpetie OF INJUSTY Day, Nex. OF INJUSTY of my knowled; f axamination as	At home, farm,	OT MEER: 4 Mursing ME OF 286 JUNY M 1 street, factory,	Home 5 Residence INJURY AT WORKT NO Office	Check only one)  a & □ Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Shee City or Novn. Stat	INJURY OCCURE  and Number or fit  anner as stated, and due to the car	AMALABLE PRIOR TO COMPETION OF CAUSE OF DEATHY  1 YEB 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINERY 1 YES 2 NO  27. MANNER OF DEATH 1 Natural S Pan 1 Natural S Pan 1 Natural S Con 1 Natural S Con 1 Chops only 2 Accident dete 29a. CERTIFIER (Chops only 3 MEDICAL 29b. AICHALDRE AND TITLE OF	EDICAL HOSPITAL: 1   Inputient   26a. DATE   (Month id not be emined   Dicker  EXAMPLE: On the basis of COSTIFER   COSTIFER   COSTOR	E ERPOutpets OF INJUSTY Day, Next Of INJUSTY of my knowledge of examination as	At home, farm,	or MEIFE: 4 of Norseling ME OF 286 LULIETY M 1 street, factory, red at the time, tion, in my opinic	Home 5   Residence INJURY AT WORST   YES 2   NO office   NO office   29c, LICENSE P	Check only one)  a 6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Sme City or News. State  the to the cause(e) and me the time, data and place, or time to the cause (e).	MUJURY OCCURE  and Mumber or Re  anner as stated, and due to the car  29d, DATE SIG	AMALABLE PRIOR TO COMPETION OF CAUSE OF DEATH?  1 YES 2 NO  D  Lines Route Munches,  SNED (Month, Day, Year)			

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

203-3146

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ending physician. as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by a TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH
COENEV	A F/:	11-desi	70 un a all	MONTH DAY	YEAR	
	5. SEX 6. AG	LAVETA	BRummell	Z DATE OF DIFFU		HPLACE (State or Foreign
4. SOCIAL SECURITY NUMBER 219-14-2740	1   M 2   F   6. AG		IF UNDER 1 YEAR IF UNDER 24 HRS. AONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	
9a. FACILITY NAME (If not institution, give stre	eet and number)	Rd.	9b. CITY, TOWN OR LOCATION OF D	TOA OOO	9c. COUNTY OF	DEATH
RESIDENCE OF DECEDENT	md 21677	3	LASTON C	MAIR	1711	207
10a, STATE 10b. COUNTY		10c, CITY.	TOWN OR LOCATION			10d. INSIDE CITY
md.	Talbot		Easton			1 TYES 2 - NO
	143 SANO		Rd. 101. ZIP CODE	1/673	10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yea	or No- 14, RAG	E — American Indian,
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE		If yes, specify Cuben, Mexico		Spe	ck, White, atc.
15. DECEDENT'S EDUCA (Specify only highest grade of		16e. DECEDENT'S U (Give kind of wo	ork done during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	Collega (1-4 or 5+)	life. Do NOT use	ic Laborer			
47 EATHERIO MANE /First Middle 1 - 15		-411/07		THE PERSON AND AND A	2	
17. FATHER'S NAME (First, Middle, Leet)	RAI	(F.V)	16. MOTHER'S NA	AME (First, Middle, Maiden 3	Ol Valle	Α
19e. INFORMANT'S NAME (Type/Print)	7 .1	TOP MAILING	ADDRESS (Street and Number or Rural	Boute Number City or Town	State Zin Corie)	
9.11 1 0	3 211	, b	The second and remote of relations of relati	1 0 1	1 ~	Jan Man
CANOL B.	Dall	1.5	I Clister Con	rt DS	time.	The alsot
20e, METHOD OF DISPOSITION  1/A Burlel 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	val from State	20b. PLACE OF DISPOSI other place)	TION (Name of cemetery, cremetory or	20c. LOC	CATION — City or	Town, State
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AND ADDRESS OF F	VCILITY	STATE OF	
Pline	000	(1, da	400	to Fune	ral the	me
23. PART i. Enter the diseases, or co	omplications that cau	end the death. Do no	of enter the mode of dulon au	ha contract	<u> </u>	Approximate
ahock, or heart failure. L			or enter the mode or dying, aut	an cardiac or respi	atory arreat,	interval Between
IMMEDIATE CAUSE (Final	Λ .					Onset and Deeth
disease or condition resulting in death)	Candle	ac. Uri	1797			min
resulting in death)	DUE TO (OR A	S A CONSEQUENCE OF	F		1	
_	Aller	22-101-	L. Cordia	Vascula	die	- Urs.
Sequentielly list conditions, b	DUE TO (OR A	S A CONSEQUENCE OF	ne carero	vascula	Lines	me 113
If any, leading to immediate	DOE TO (ON A	3 A CONSEQUENCE OF				i
CAUSE (Disease or Injury						
that initiated events	DUE TO (OR A	S A CONSEQUENCE OF	:			
resulting in death) LAST	i .					
	-					
PART II. Other aignificant conditions	contributing to deat	h but not resulting in	n the underlying cause given in			Ib. WERE AUTOPSY FINDINGS
Solvera Cointa	Vovascii	lai des	2010	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
THE COURT	A CI NOUNCE	The Cart	uu.	1 TES 2	A NO	OF DEATH?
						1 - YES 2 - HO
l .						
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
EXAMINER?	HOSPITAL:		OTHER:			
	1   Inpatient 2   ER/C		A	6 Other (Specify)	LINEW COST	
27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF INJUI (Month, Day, Yes	RY 26b. TIME	JRY WORK?	28d. DEŞCRIBE HOW II	NJUHT OCCURED	
2 Accident Investigation			M 1 YES 2 NO			
3 Suicide 8 Could not be	28e. PLACE OF INJI building, atc. (5	URY — At home, farm, at	treet, factory, offica	28t. LOCATION (Street e City or Town, State)	and Number or Rum	l Route Number,
4 Homicide determined	and the same of th	.,,===		, or rowin, ordito)		
29e. CERTIFIER	DIAM. To the Court of		And the state of t			
(Check only			d at the time, date and place, and du			27 T. LEWIS
2 MEDICAL EXAMINER	3: On the beele of examin	ation end/or investigation	n, in my opinion, death occured at th	e time, date end place, en	d due to the caus	H(s) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	1/1	30	29c. LICENSE NU	MBEA	29d. DATE SIGN	ED (Morkh, Day, Year)
	to K	81	DING	36/	10	8/91
	11/21	0	1010	100	- 0	0/11
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	cotto 1 r	2012	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	GNATURE	S. A.D.	~~~~	1162 - 11	~4
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	-
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	LOCDITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours
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1	1. DECEDENT'S NAME (First, Midd	ffe, Last)							REG. NO			TIME OF DEATH
	Lem Cabani	iss. Jr.								15 1	991	7:15
	4. SOCIAL SECURITY NUMBER	5. SEX		8. AGE (In yrs. is	et birthday)	IF UNDER 1 Y	EAR_ IF UND	ER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLA	CE (State or Fore
	419-12-6760	1 □ 4	2 🗆 F	74	YRS.	MONTHS DA	AYS HOURS	MIN.	(Month, Day, Year) MAY 1, 19	17 A	Country) LABAM	Α
	9a. FACILITY NAME (If not institute	on, give street and	number)	, , ,		9b. CITY, TO	WN OR LOCA				TY OF DEATH	
Œ	3706 BETHNAL W	JAV					VER S			MON	TGOME	DV
DIRECTOR	RESIDENCE OF DECEDI					311	VER S	EKING		FION	TGOME	KI
Ä	10a. STATE 10b. COUNTY					Y, TOWN OR L	OCATION				10d	. INSIDE CITY
5	MARYLAND MO			SILVER	SPRI	NG			1 (	YES 2 N		
A	10e. STREET AND NUMBER						101. ZIP CO	DE		10g. CITIZ	EN OF WHAT	COUNTRY?
FUNERAL	3706 BETHNAL WAY						20	906			USA	
	11. MARITAL STATUS	12. WA	S DECEDENT	EVER IN U.S. A	RMED				C ORIGIN? (Specify Y	es or No—	14. RACE — / Black, Wi	American Indian
84	1 Never Married 2 Married 3 Widowed 4 Divorced	led IF 1	ES, GIVE WA	YES 2 THE OR DATES	,110		YES 2 N			1	Specify:	
			WWI							- 1	WHITE	
品	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16a. D	ECEDENT'S Give kind of v	vork done duri	SUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY rk done during most of working retired.)					
	Elementary/Secondary (0-12)	Colleg 5+	e (1-4 or 5+)		AWYER	ie rearea.)						
COMPL				1.1	AWIEK						_	
8	17. FATHER'S NAME (First, Middle,								AE (First, Middle, Maide	n Surname)		
38	LEM CABANISS,								ES ALLEN			
2	19a. INFORMANT'S NAME (Type/P	11.	(11777						oute Number, City or R		,	20006
F3+176-	THELMA D. CABA	MISS	(WIFE					SILV	ER SPRING			20906
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3		n Stele			or other place NATIO		ESA ESIMENT		OCATION — C		
	4 Donation 5 Other (Spec			AKLL	NGPON					INGTON	, VIR	GINIA
	21. SIGNATURE OF PUSERIAL SE	// LICENSES	//	11	//	FRAN	CIS J	. COL	LINS FUNE	RAL HO	ME, I	NC.
	Kuth	4	La	n Mh	-				BOULEVAR		-	
	23 PARY 1. Enter the disease	ses, or complic	etione thet	ceused the d	leath. Do r							Approxima
- 4	shock, or heart	failure. List on	ly one caus	e on eech lin	ie.							Interval Be Onset and
	IMMEDIATE CAUSE (Finel disease or condition		1	1 mt	9 10 10	-	نده د ا	sis.	hla -	T		0.000
H	resulting in deeth)	e	DUE TO (	OR AS A CONS	EQUENCE O	Fi:	1510	100	140	- V		
- 1	70											
5							200	. 2	-			
2	Sequentially list conditions		DUE TO (	OR AS A CONSI	EOUENCE O		2èSa	ase				
ATIC	if eny, leeding to immediate cause. Enter UNDERLYING		DUE TO (	OR AS A CONS	EOUENCE O		کو کھ	ase				
FICATION	if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		•	OR AS A CONS		F):	2èSa	ase				
RTIFI	if eny, leeding to immediate cause. Enter UNDERLYING		•			F):	2èSa	ase				
CERTIFI	if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d	DUE TO (	OR AS A CONS	EOUENCE O	F):						
CERTIFI	if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d	DUE TO (	OR AS A CONS	EOUENCE O	F):			Part I. 24e. WAS /	IN AUTOPSY DRMED?	AM	ILABLE PRIOR T
CAL CERTIFI	if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d	DUE TO (	OR AS A CONS	EOUENCE O	F):			Part I. 24e. WAS /	IN AUTOPSY DRMED?	CO	MLABLE PRIOR T
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D BY PHYSICIAN: MEDICAL CERTIFI	if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent c  25. WAS CASE REFERRED TO ME EXAMINER? 1. YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Invest 3 Suicide 8 Coul 4 Homicide detail	cd	DUE TO (()  Ibuting to ()  PITAL: patlant 2   (Month, Da)  Be. PLACE OF building, e	DR AS A CONSIDER OF THE PROPERTY OF THE PROPER	a DOA 28b. Till IN.	OTHER: 4   Nursing E OF JURY M street, factory	28. PLACE OF B Home S S C. INJURY AT WORK? 1 YES 2 c, office on, data and plate of the second of the	e given in  F DEATH (Che Residence  I NO	Part i. 24e. WAS / PERF- 1  YES  1  YES  2	IN AUTOPSY ORMED? 2 NO Finjury Occurrence of and Number replacement as state and due to the	OURED  Or Rural Route  ed.  e cause(s) an	MLABLE PRIOR TO MPLETION OF CA DEATH?  YES 2 No. No. No. No. No. No. No. No. No. No.
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent c  25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Retural 5 Pend invest 2 Accident 3 Suicide 8 Coul deat  29a. CERTIFIER (Check only 1 CERTIFYIII	cd	DUE TO (()  Ibuting to ()  PITAL: patlant 2   (Month, Da)  Be. PLACE OF building, e	DR AS A CONSIDER OF THE PROPERTY OF THE PROPER	a DOA 28b. Till IN.	OTHER: 4   Nursing E OF JURY M street, factory	28. PLACE OF g Home 5 C. INJURY AT WORK? 1  YES 2 c, office p, data and pla	e given in  F DEATH (Chr. Residence	Part I. 24e. WAS / PERF-1	IN AUTOPSY ORMED? 2 NO Finjury Occurrence of and Number replacement as state and due to the	OURED  Or Rural Route  ed.  e cause(s) an	MLABLE PRIOR TO MPLETION OF CA DEATH?  YES 2 No.
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IMORE, MARYLAND 21203-3146

ALT	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within jurs after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the art noting program and completely med in by the funer		
œ	after	by the	be filed within 72 hours after death with the State Dept. of Health and Menta Hygiere prior to burial, cramation, or removal.	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DING	Afte	deat	
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF		IENTAL HYGIEI REG. NO		14/23		
FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH	12 9	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER  243-48-6374  9a. EACH ITY NAME // not institution give breeze	7. DATE OF BIRTH (Month, Day, Year)	07	BIRTHPLACE (State or Foreign Country) ENGLAND					
	9a. FACILITY NAME (If not institution, give bitted  HEBREW HO  RESIDENCE OF DECEDENT	TH 7	MO)	NTGOMERY					
	Maryland Montgot	nery	Rockville				10d. INSIDE CITY LIMITS?  1 YES 2 NO		
	6105 Montrose Road	1 #2201S		101. ZIP CODE 20852			of what country?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, OIVE WAR OR DATES	NO It ye	DECENDENT OF HISPANI a, specify Cuban, Mexican YES 2 X NO Specify:		s or No 14	BACE — American Indian, Black, White, atc. Specify: White		
LETED		(College (1-4 or 5+)	ECEDENT'S USUAL OCCU Give kind of work done during b. Do NOT use retired.)	PATION og most of working	16b. KIND OF BU		TRY		
OMPL.	17. FATHER'S NAME (First, Middle, Last)	0	wner	18 MOTHED'S NAM	Clothi E (First, Middle, Maide				
at once.	Mayer Cohen			Sarah No		i Sumame)			
8 8	19a. INFORMANT'S NAME (Type/Print)	1	9b. MAILING ADDRESS (S	reet and Number or Rural Re		wn, State, Zip Co	20902		
TO TO	Gertrude Clein (	sister-in-law)			. W #906,	Silve	r Spring,MD.		
must	20a, METHOD OF DISPOSITION  1 Greenston 3 Remove  4 Donation 5 Other (Specify)	From Stata King	David Memor	ial Garden	Fa		y or Town, Stata urch, Virginia		
examiner	21. SIGNATURE OF CHIEFTAN SERVICE LICEN	SEE S.L.	Dana	e and address of FAC ansky-Gold Rockville	berg Memo		hapels, Inc. e, MD. 20852		
c event, the medical	23. PART i. Enter the diseases, or conshock, pr heart failure. Lie iMMEDIATE CAUSE (Finel disease or condition reaulting in death)	adeno co	leeth. Do not enter the	mode of dying, auch	lung	piratory arrea	t, Approximate interval Between Onset and Death		
y, or other tramatic CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST  b. DOWN DOWN DOWN DOWN DOWN DOWN DOWN DOWN								
MEDICAL	PART II. Other significant conditions	contributing to death but not	reaulting in the unde	rlying cause given in F		N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
A 23	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Che	ck only one)				
SICI/		OSPITAL:	OTHER:	Home 5 - Rasidence					
marked, or BY PHYS	27. MANNSA OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28	e. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED		
28 Is TED	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm, street, factory	offica	28t. LOCATION (Stree City or Town, State	t and Number or 9)	Rural Route Number,		
MPL NPL	one)	N: To the best of my knowledge, o							
BE	BOY WORD	prroll:	ma	29c. LICENSE NUM	392	29d. DATE 8	IGNED (Mortin, Day, Year)		
TO	30. NAME AND ADDRESS OF PERSON WHO (	CARROLL	EM 27) (Type, Print)	MONTR	DSE R	DIRC	OCKVILLE		
	31. DATE FILED (Month, Day Year)	32. REGISTRAR'S SIGNATURE	Budall.						

Eurobas E

March - tra miles in

1 - STATE REGISTRAR	0	CERT	IFICATE OF	DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE OF DE	ATH		3. TIME OF DEATH
Christie	H.	C	lingerman		May 17	, 1991	YEAR	2:30 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthd	(y) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH	S. BIRT	HPLACE (State or Foreign
214-05-8879	1 M 2 F	87 YAS	B. MONTHS DAYS	HOURS MIN.	Oct. 6	Year)	Court	nsylvania
9a. FACILITY NAME (If not institution Shady Grove Ad	ventist Nur	sing Cente		ville	EATH		nunty of i	
RESIDENCE OF DECEDER		T						
Shady Grove Ad  RESIDENCE OF DECEDER  10a. STATE  Maryland	Montgomery	10c.	Gaithers					10d. INSIDE CITY LIMITS? 1 TYES 2 K NO
	<u> </u>			f. ZIP CODE		10g, C	ITIZEN OF	WHAT COUNTRY?
10e. STREET AND NUMBER 9920 Shelburi 11. MARITAL STATUS 1. Never Married 2 N. Marrier	ne Terrace			20878				d States
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FOROTOR 4	T EVER IN U.S. ARMED YES 2 X NO AR OR DATES	If you, o	CENDENT OF HISPAL secify Cuban, Mexico 2 NO Specif	an, Puerto Rican,		14. RAC Blec Spec	CE — American Indian, ck, White, etc. city: White
16. DECEDENT	S EDUCATION	16a, DECEDEN	T'S USUAL OCCUPATI	ON	16b KIND	OF BUSINESS/II	NDUSTRY	777.2.00
(Specify only highes Elementary/Secondary (0-12)	college (1-4 or 5 d	(Give kind ille. Do NO	of work done during m IT use retired.)	pet of working	log lott			
8 17. FATHER'S NAME (First, Middle, La		1 Cabi	netmaker			Univer		
				277	AME (First, Middle,	- 11-	,	
Isaac Mills					a Miller			
19a. INFORMANT'S NAME (Type/Prin	)	19b. MAIL	ING ADDRESS (Street	and Number or Rural	Route Number, City	or Town, State, 2	Zip Code)	
Betty J. Digg:	3		04 Valley		Rockvill	e, Mar	yland	20850
20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3		other place)	POSITION (Name of ca			20c. LOCATION -		
4 Donation 5 Other (Specify			Heaven Ce			ilver	Sprir	ng, Maryland
21. SIGNATURE OF FUNERAL SERV		Lawrence	Rober	nd Address of Fact A. Pun ville, Ir	mphrey F nc. 300	West I	Monto	e/ Jomery 0850-2805
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Rhabdo	Frontal In OR AS A CONSEQUENC Omyolysis w	eon: vith Acute					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	_ Demen	(OR AS A CONSEQUENCE tia (OR AS A CONSEQUENCE						
	d							
25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH	ditions contributing to	death but not resulti	ng in the underlyir	g cause given in	3	WAS AN AUTOPS PERFORMED? YES 2 1 NO	Y 24	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		26, F	LACE OF DEATH (C	heck only one)			
1 TES 2 NO		ER/Outpetient 3 DO		ne 5 🗆 Residence	6 - Other (Spec	:#y)		
			INJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE	HOW INJURY O	CCURED	
2 Accident Investig 3 Suicide 8 Could of	28e. PLACE C	of INJURY — At home, fee etc. (Specify)			281. LOCATION City or Town	(Street and Numb n, State)	ber or Rural	I Route Number,
one)	PHYSICIAN: To the best of							(s) and manner as stated.
29b. SIGNATURE AND TITLE OF	1,000	010	/	29c. LICENSE NU D 3139		29d. D		17, 1991
30. NAME AND ADDRESS OF PERS	W		**			Gaithe	ersbu	ra.
Suhair H. Abul	tarag, M.D.	. 19261 Mon	tgomery V	illage A	ve.#G-l	0 Mary	Land	20879
31. DATE FILED (MORIN, Day, 1847)	Lilia Sau	dren handell						

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and one of the death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriel, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriel, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART					HYGIENE REG. NO.				
DECEDENT'S NAME (First, Middle, Last)	Ethel Lilli	ian Cera	nd			2. DATE OF MONTH May	DAY	991 '	3. TIME OF DEATH 7:30 P		
4. SOCIAL SECURITY NUMBER	1011111	(in yrs. last birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF (Month, D	BIRTH lay, Ybar)		Country)	CE (State or Foreign	
076-20-3371	1 DM 2 (X) F 9]	YRS.	MONTHS DAT	HOURS	mirt.	Aug. 1	, 189	9	New \	York	
De. FACILITY NAME (If not institution, give	etreet end number)	the ilitial	9b. CITY, TOV	VN OR LOCATI	ON OF DE	ATH		9c. COUNTY	OF DEAT	н	
8911 Falls Road			Pot	omac				Monto	gomer	У	
On. STATE 10b. COUNT	ry	10c. CITY	TOWN OR LO	CATION					100	I. INSIDE CITY	
New York C	hemung	E1m:	ira						1)	LIMITS?	
0s. STREET AND NUMBER	TO MOVING	1	1	10f, ZIP COD	E	-	I	10g. CITIZE	N OF WHAT	T COUNTRY?	
1168 Hoffman Str	eet				1	4902		Unit	ed St	tates	
1. MARITAL STATUS  Never Married 2 Married  Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	N U.S. ARMED 2) NO ATES	If yes	DECENDENT ( ), specify Cube YES 2) NO	OF HISPAN en, Maxicar	IC ORIGIN? (		or No- 14	Specify:	100	
15. DECEDENT'S EDI (Specify only highest grad	UCATION In correlated	18a. DECEDENT'S I	JSUAL OCCUP	PATION	ina	16b. KJ	IND OF BUS	INESS/INDUS	TRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)	g most or work	ng						
	2	Legal/Me	edical						Offi	ces	
7. FATHER'S NAME (First, Middle, Last)						ME (First, Mide					
Alfred Benson						tina A					
De. INFORMANT'S NAME (Type/Print)		19b. MAILING							ode)		
Gerald Alfred C				Road,		tomac,	7				
0a METHOD OF DISPOSITION  ☑ Buriel 2 ☐ Cremetion 3 ☐ Rec	movel from State	b. PLACE OF DISPOS other place)			matory or			CATION — CI	91111		
□ Donation 5 □ Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE L		oodlawn C						ira, N	lew Y	ork	
> Ellen	I. Lapy	0	933	Gist	ral 3 Avenu	Servio ue, Si	ces, i ilver	P. A. Sprin	ng, M	D 20910	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO (OR AS a	A CONSEQUENCE OF	):	easi						8 year	
PART II. Other algolificant condition	d	but not reaulting i	n the under	lying cause	given in	Part I. 2	4a. WAS AN		24b. WE	FRE AUTOPSY FINDING	
	NONE.					_   '	PERFOR	22011	OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF I	DEATH (Ch	eck only one)					
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 DOA	OTHER:	Home 5X R	Residence	6 Other 6	Spec/fv)				
7. MANNER OF DEATH  1 \( \begin{align*} \text{Natural} & 5  \text{Pending} \\ \text{Investigation} \\ \text{Natural} & \text{Investigation} \end{align*}	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	OF 280 URY	INJURY AT WORK?				NJURY OCCU	RED		
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR	Y — At home, farm, a	treet, factory,	office		281. LOCATI City or	ION (Street a Town, State)	and Number of	Rural Rout	Number,	
eeel	SICIAN: To the best of my know									nd manner as stated.	
SIGNATURE AND TITLE OF CERTIFI				7.	CENSE NUM					onth, Day, Year)	
100	mp			[]0	60	1 12	10	May	/ 13.	1991	
									,	1001	
Frank C. Blackbu	JTH, M. D.,	5401 West	•	/enue,	NW,	Washi	Ingtor				

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

as the bunal-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

	7176799 C5/11
	个个人的对象。
	04/24/23 0891
FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			N. PAULA	2001	
- SIAIL		TMENT OF HEALTH AN			14/26
REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	CERTIF	ICATE OF DEATH	REG. 2. DATE OF DEATH	4	3. TIME OF DEATH
PAULA COHEN  4. SOCIAL SECURITY NUMBER   S. SEX D. S.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	5	12 9	BIRTHPLACE (State or Foreign
195148848 10 M 2 11 F	68 YRS.	MONTHS DAYS HOURS MIN	Charles March 1884		PA.
9a. FACILITY NAME (If not institution, give street and number)  SUBVISAN HOSPITAL  RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF	Mp	9c. COUNTY Mo N7	GOMERY
NEW YORK KINGS	10c. CITY	ROOKLYN,	YEW YOU	<b>K</b> K	10d. INSIDE CITY LIMITS? 1 P YES 2 NO
840 E 8 H STRE			230	-	OF WHAT POUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EV FDRCES? 1 IF YES, GIVE WAR (	YES 2 PND	13. WAS DECENDENT OF HIS If yes, specify Cubar, Ma 1 YES 2 THO Sc	xican, Puerto Rican, atc.	Yea or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (f-12) College (1-4 or 5+)  1.2	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION work done during most of working to retired.)		BUSINESS/INDUST	to of the se
17. FATHER'S NAME (First, Middle, Lest)  OSCAR  NIR	ELL	18. MOTHER'S	NAME (First, Middle, Me	Iden Surname)	#
190. INFORMANT'S NAME (Type/Print) ABRAHAM COHEN		ADDRESS (Street and Number or R	Ingl Route Number, City or	Town, State, Zip Co.	1/230
26a. METHOD OF DISPOSITION  1  Buriel 2  Cremetion 3  Removal from State  4  Donation 6  Other (Specify)		e of disposition (Name of or other place)	DATE 200	LOCATION - CHY	
21. SIGNAPURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS O Danzansky-Go	oldberg Me	morial C	hapels, Inc. e, MD. 20852
- care 17	m	TITIO KOCKVI			
23. PART I. Enter the diseases, or complications that ca					, Approximate
immediate cause (Fine) disease or condition resulting in death)	on each line. MUNARY	EMBOLIS	such se cardisc or r		
iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions  b.	ON each line.  TO W P-R-Y  AS A CONSEQUENCE OF	tot enter the mode of dying,  EMBOLIS	such se cardisc or r		Approximate interval Between
ahock, pr heert fellure. List only one ceuse immediate cause. Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	on each line. MUNARY	tot enter the mode of dying,  EMBOLIS	such se cardisc or r		Approximate interval Between
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05/12/11

ANATO ENTRY - LAW MARKET

	1 - STATE OSTATE O	F MARYLAND / DEP/ CERTI	ARTMENT OF H		NTAL HYGIENE REG. NO.	91	1472	
	1. DECEDENT'S NAME (First, Middle, Last)  SARAH MARGARET CHESEL	DINE			DATE OF DEATH DAY	YEAR	3. TIME OF DEATH 2:58 a	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthde	y) _# UNDER 1 YEAR		DATE OF BUTTU	8. BIRTI	HPLACE (State or Foreign	
	577-03-8444B 1□ M 2 🔀	, , ,			(Month, Day, Year) EB. 22,19		YLAND	
OR	9a. FACILITY NAME (If not institution, give street and number St. Mary's Hoszital	7	Leonard	R LOCATION OF DEATH		St. Maj		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c. (	CITY, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
BIO	MARYLAND ST. MARY'S	COUNTY	COLTON'S I	ON'S POINT				
RAL	10%. STREET AND NUMBER GENERAL DELIVERY		101	101. ZIP CODE 10g. CITIZEN OF 20626 U.S.				
BY FUNERAL	11. MARITAL STATUS  12. WAS DEC	EDENT EVER IN U.S. ARMED  1 YES 2 NO IVE WAR OR DATES	13. WAS DEC If yes, sp 1 YES	or No — 14. RAC Blac Spec	E — American Indian, ik, White, stc.			
ETED (	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind	T'S USUAL OCCUPATIO of work done during mo T use retired.)	DN st of worlding	16b, KIND OF BUSI		Andrew Market	
PLE	Elementary/Secondary (0-12) College (1-4	or 5+)	EMAKER		HOME			
COMPL	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAME	(First, Middle, Maiden S	umeme)		
8	SAMUEL MULLEN  198. INFORMANT'S NAME (Type/Print)	405 MARI	NO ADDRESS (Second -	SARAH MA	RGARET GL			
2	MARGARET E. CHESELDINE					20609		
	20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State of complete y completely complete							
	4 Donation 5 Other (Specify)	SACRED H	EART CEME			SHWOOD,	MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Michael & Lar	dener	MATT	INGLEY-GAF BOX 270,	RDINER FUN		•	
	23. PART I/Enter the diseases, or complications shock, or heart fallure. List only one						Approximat interval Bet	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  S. DUE TO (QR AS A CONSEQUENCE OF):							
NOI	Sequentially list conditions,							
CERTIFICATION	if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST							
	PART II. Other significant conditions contributir	ng to death but not resulting	ng in the underlyin	g cause given in Par	rt I. 24s. WAS AN A	WTOPSY 24	b. WERE AUTOPSY FIND	
CA	Ang, nj	Pectoris			PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAU OF DEATH?	
4: MEDICAL	Renal for	selve			-	X	1 U YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Check	only one)			
YSI	1 U YES 2 NO 1 Inpatter	t 2 ER/Outpatient 3 DO		ne 5 🗆 Residence 6 🗆				
	1 Natural 5 Pending (Mo	TE OF INJURY 28b. onth, Day, Year)	INJURY WO	JURY AT 26 DRK? YES 2 NO	Bd. DESCRIBE HOW IN	JURY OCCURED		
ED BY	3 Suicide 6 Could not be determined	ACE OF INJURY — At home, far Iding, etc. (Specify)		_	81. LOCATION (Street ar City or Town, State)	nd Number or Rural	l Route Number,	
COMPLET	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the beautiful one)  MEDICAL EXAMINER: On the beautiful one of the beautiful o						(a) and menner as sta	
	290 SIGNATURE AND TITLE OF CENTIFIER	/		29c. LICENSE NUMBE	iR	29d. DATE SIGNE	D (Month, Day, Year)	
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM OF)	Time Print)	0145	85	> 5/	15/91	
		Leonard town	npo, rmuj					
		HETRAP'S SIGNATURE PANCE	مالال					

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may	or, pe		nst
age 6	direct		Er III
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by infrinced by infringed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the control of the property of t		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at anter-
after de	y the f	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	cal ex
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within	npletel	crema	vent,
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1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO	E S	91 14721
1. DECEDENT'S NAME (First, Middle, Last EDWARD		COOK			2. DATE OF DEATH DATE OF MAY 15,	1991	3. TIME OF DEATH 5:17 P.M
4. SOCIAL SECURITY NUMBER 579-20-8233	%∑M2□F 66	MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 5, 19	8.	BIRTHPLACE (State or Foreign Country) IARYLAND
98. FACILITY NAME (If not institution, give ST. MARY S HOS		96	LEONAR	DTOWN	ATH	ST.	MARY S
10a. STATE 10b. COUN	T. MARY'S		OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1  YES  NO
100. STREET AND NUMBER  17 BURNING OA	KS		101	20659		U.S.	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1X YES IF YES, GIVE WAR OR 1943 - 194	2 NO	If yes, spe		IIC ORIGIN? (Specify Ye n, Puerto Rican, etc.)	n or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S ED (Specify only highest grade) Elementary/Secondary (0-12)	UCATION de completed) Collège (1-4 or 5+)	18e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo tired.)	st of working	18b. KIND OF BU		FRY
12  17. FATHER'S NAME (First, Middle, Last)  EDWARD JOSE	PH COOK	DEVELOPER	∕-¤∩TFD		REAL I		
19a. INFORMANT'S NAME (Type/Print) MAXINE O. WATER				nd Number or Rural F	Poute Number, City or Tow NICSVILLE	rn, State, Zip Co	cle)
29a METHOD OF DISPOSITION  ***CALCELLE AND ADDRESS OF THE CONTROL OF THE CONTROL OF THE CALCELLE AND ADDRESS OF TH	moval from State	0b. PLACE AND DATE OF	DISPOSITION	(Name	DATE 20c. LC	CATION — City	
ENDUCE IN B		1	22. NAME AN BRIN	SFIELD F		ME, P.A	١.
23. PART I. Enter the disease, o shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	. List only one cause	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):				eratory arrest	Approximate Interval Betwee Onset and Des
Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST		A CONSEQUENCE OF):  A CONSEQUENCE OF):	c al	sers			
PART II. Other significant condition	ons contributing to deeth	but not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: ,,		26. PI	ACE OF DEATH (Ch	eck only one)		<u> </u>
1 TYES 2 NO	1 Inputient 2 XER/Ou 28a. DATE OF INJURY			e 5 🗆 Residence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year)	INJUR	M 1 🗆	PRK7 YES 2 NO	28f. LOCATION (Street		
4 Homicide detarmined  29a. CERTIFIER (Check only	building, atc. (Sc YSICIAN: To the beat of my kno	ecify)			City or Town, State		
29b. SIGNATURE AND TITLE OF CERTIF	NER: On the besia of axeminat	Ion and/or Investigation,	In my opinion, c	29c. LICENSE NUI	MBER		IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, Pr	int)	D1536	9	1731	1/1911
31. DATE FILED (Month, Oak, Year) MAY 1 7 91	32. REGISTRAR'S SIG	Marketice					

L

B. BIRTHPLACE (State or Foreign Country) Massachuttes

Approximate Interval Between **Onset and Death** 

		1 - STATE REGISTRAR	TE OF MARYLAND / DEPAR CERTIF	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENI REG. NO.		14/23		
		1. DECEDENT'S NAME (First, Middle, Last) HE		JSHING	2. DATE OF DEATH MONTH DA	Y VEAR	3. TIME OF DEATH		
pino		4. SOCIAL SECURITY NUMBER S. SEX	6. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Pay, Year)	Country	sachutte		
2, 3 should	TOR		Gen. Hosp.	Columbia,		Now			
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY HOWARD	10c. CIT	town or Location licott City			10d. INSIDE CITY LIMITS?  1) YES 2 NO		
5	FUNERAL	3565 Church Road		101. ZIP CODE 210	43	10g. CITIZEN OF W			
my Invition.	BY FUN	1 Navar Marriad 2 K Marriad FOI	B DECEDENT EVER IN U.S. ARMED ICES? 1 YES 2 NO ES, GIVE WAR OR DATES	13. WAS DECENOENT OF HISP/ If yea, specify Cuben, Mexic 1  YES 2 NO Speci	en, Puarto Ricen, atc.)	or No- 14, RACE Black, Specifi	- American Indian, Whita, etc.		
	LETED		(Give kind of ville. Do NOT us			SINESS/INDUSTRY	Company		
AND the hospi detached	COMPL	17. FATHER'S NAME (First, Middle, Lest) Henry Stanley			AME (First, Middle, Meiden e Humphr)	Surname)	Company		
AAR retained 5 shouk	TO BE	19a. INFORMANT'S NAME (Type/Print) Anita L. Cushing	19b. MAJLING	ADDRESS (Street and Number or Rura Church Road,	I Route Number City or Town	n State Zin Code)	ID 21043		
6 may be ctor, page		20a. METHOD OF DISPOSITION 1 Burial 22 Cremation 3 Hemoval from	20b. PLACE OF DISPOS	SITION (Name of cometers, cremetory or sh. Crematory	20c. LO	cation - city or too	wn, State		
death.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	L M00 53	22. NAME AND ADDRESS OF F	ACILITY Slack	Funeral Maryland			
r filled in by don, or remo		shock, or heart fellum. List onli	ULMOURY PRILURE		ch aa cardiec or reapi	ratory arrest,	Approximate Interval Betwee Onset and Deal		
O. BOX 1314, certificate be executed ding physician and con tygiene prior to burial, r other traumstic or	RTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST							
DS, the d with the d we had Mee	19a. INFORMANT'S NAME (Type/Print)  Anita La Cushing  19a. INFORMANT'S NAME (Type/Print)  Anita La Cushing  20a. METHOD OF DISPOSITION 1	ibuting to death but not resulting	in the underlying cause given i	In Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?  1 YES 2 HO					
		EXAMINER? HOS		26. PLACE OF DEATH (COTHER:					
OF PHYSIC this ce this		27. MANNER OF DEATH  1 Netural 5 Pending	Ia. DATE OF INJURY 28b. TIM	4 Nursing Home 5 Residence E OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DE\$CRIBE HOW I	NJURY OCCUREO			
ISIO TTENDI TTOR: A after d		2 DECIGOTA	a. PLACE OF INJURY — At home, farm, building, etc. (Specify)	street, factory, office	28f. LOCATION (Street and City or Yown, State)	and Number or Rural F	Route Number,		
7 10 +	PLE	and any	the best of my knowledge, death occurre basis of axamination and/or investigation				i) and manner as stated.		
TO THE HOSPITA TO THE FUNERA De filed within 7.	BE	296. SONATURE AND TITLE OF CERTIFIER  TOTAL W. M. CLUO	Ten M.D.	29c. LICENSE N	UMBER 237	29d. DATE SIGNED	(Month, Day, Year) 9, \991		
	2	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITEM 27) (Type	, Print)	/ \\- T	- ,			

31. DATE FILED (Month, Day, Year) MAY 1 4 91

DIRECTOR

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31. DATE FILED (Month, Day, Year)

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32. BEGISTRAR'S SIGNATURE whie Davidson

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signed by t been signed by or, of Health and shows any le

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After this certificate ha Jeath with the State D marked, or item Hem

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inding physician.

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BALTIMORE, MARYLA

requires that the death HOSPITAL OR ATTENDING PHYSICIAN: The law

TO THE FUNERAL DIRECTOR; Aff be filed within 72 hours after de IMPORTANT: If Item 28 is r

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)					2.1	DATE OF DEATH		3. TIME OF OEATH
			•				NONTH DA		7.10 DM
	Mary Edith						DATE OF BIRTH	199	RTHPLACE (State or Foreign
	11N -1 11 D-		SE (In yrs. lest birthday)	IF UNDER 1 YEAR			(Month, Day, Year)	610 0	ountry),
	211-36-0673	□ M 2 📈 F	YRS.			00	2-08-1	7/7	Maryland
	9s. FACILITY NAME (If not institution, give street			9b. CITY, TOY	N OR LOCATIO	N OF OEATH		9c. COUNTY C	IF DEATH
5	Memorial Hos	pital		Eas	ton			Tal	bot
DIRECTOR	RESIDENCE OF DECEDENT		I	w mount	CATION				
	10a. STATE 10b. COUNTY	1/1	10c, CIT	Y, TOWN OR LO	RATION				10d. INSIDE CITY LIMITS?
	1-laryland lal	bot	E	astor	2				1. ▼YES 2 □ NO
M	10s. STREET AND NUMBER	-1.	, / ./		101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
	40 Washington	1 St. A	pt. 4		81	601	7.63	4	1)/
FUNERAL		2. WAS DECEDENT EVE FORCES? 1 Y		13. WAS	DECENDENT OF	HISPANIC O	PRIGIN? (Specify Yes Jerto Rican, etc.)	or No- 14. 1	RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O			YES 2 NO	Specify:			
		120							specify: Black
	15. DECEDENT'S EDUCAT (Specify only highest grade cor		16a. DECEDENT'S	work done during	ATION 7 most of working	g	166. KIND OF BUS	,	RY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	/	0		HALLE	o Ko	eping
COMPL			La	borci					
္ပ	17. FATHER'S NAME (First, Middle, Lust)	. 14/	. 1 -		18. MOTH	IER'S NAME (	First, Middle, Malden	Surname)	11/1/20
BE	Samuel Will	iam W	150n		K	lanc	he to	berts	WILSON
0	19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING	ADDRESS (Str	eet and Number	or Rural Route	Number, City or Tow	n, State, Zip Cod	)
F	Benjamin Wi	ISON	R+++	4 50	*57	TE	aston,	1d.0	(160)
	20a, METHOD OF DISPOSITION	al from State	20b. PLACE OF DISPO	SITION (Name o	d cometery, crem	atory or	20c. LO	CATION — City	or Town, State
	4 Donation 6 Other (Specify)		te	Radi	Sc. (s	ene	CRY TE	canoc.	INIG.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE Benn	, re 5m , 94	22. NAM	E AND ADDRES	S OF FACILIT	r /Ben	nle Si	nith Services
	1//			PI	Ry	920	11. 1/2	L MI	21/1/7
	23. PART I. Enter the diseases, or cor	molications that say	sed the death Do	not enter the	mode of did	od S	TURINC	K11101	Approximate
	shock, or heart failure. Lie			viiter tile	out. or dyr		- Jaiwies or reap	y arreat,	Interval Between
	IMMEDIATE CAUSE (Final					0 T	00 .		Onset and Death
	disease or condition resulting in death)	Herra	AS A CONSEQUENCE C	naa	nd	G-1-	breed	ing	1(2,
		DUÉ TO (OR	AS A CONSEQUENCE (	OF):	07	4	0+0	2 lev	en ancert
Z	Sequentially list conditions, b.	haen	nec's		whe	عند	of the	2 Sec	er
CERTIFICATION	If any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE (	n-):					
2	CAUSE (Disease or Injury	DUE TO 100		MEN.					
Ë	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE (	<i>r</i> - j.					j
Ä	d.								1
. '	DART II Other electricant conduction								
-	PART II. Other significent conditions	contributing to dea	th but not resulting	in the under	tying ceuse (	given in Par			24b. WERE AUTOPSY FINDINGS
3	PART II. Uthar significent conditions	contributing to dea	th but not resulting	in the under	tying ceuse (	given in Par	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	PARI II. Other significent conditions	~	th but not resulting	in the under	tying ceuse (	given in Par		RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ш	PANI II. Other significent conditions	~	th but not resulting	in the under	tying ceuse (	given in Par	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
Ш		~	th but not resulting				PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ш	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	None		OTHER:	6. PLACE OF D	EATH (Check of	PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ш	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 Y NO	None Hospital:	Outpatient 3 DOA	OTHER:	6. PLACE OF D	EATH (Check of assistance 6	PERFOI  1 YES :  only one)	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 W NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	None  Hospital:    Fingetient 2   ER.    28a. DATE OF INJE	Outpatient 3 DOA	OTHER: 4   Nursing ME OF   284 JURY   M   1	Home 5 Re LINJURY AT WORK? VES 2	EATH (Check of saldence 6 28	PERFOI  1 YES :  only one)	INJURY OCCURI	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO
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BE COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YOU  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:    Winpetient 2   ER.   28a. DATE OF INJ.   28a. PLACE OF IN.   building, etc.  AN: To the best of my income the company of the com	Outpatient 3 DOA  IRY 26b. Ti If  IURY — At home, ferm  Specify)  unowledge, death occu- nation and/or investigat	OTHER: 4 Nursing ME OF 284 JURY M 1 street, factory,	Home 5 Re 2: INJURY AT WORK? VES 2 Office deta and place on, death occur	EATH (Check of asidence 6 28 NO 26 no and due 10 1 red at the tim	only one)  Other (Specify)  Id. DESCRIBE HOW  II. LOCATION (Street City or Town, State  the cause(s) and make, data and place, a	and Number or F	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  Rural Route Number,
E COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:    See	Outpatient 3 DOA  RY 26b. Ti RY  IURY — At home, farm  Specify)  unowledge, death occumation and/or investigat	OTHER:  4   Nursing ME OF 28c LJURY M 1 street, factory, rred at the time, lon, in my opini	Home 5 Replace OF D Home 5 Replace OF D North Work? VES 2 Office  dete and place on, death occur	EATH (Check casidence 6 28 28 28 28 28 28 28 28 28 28 28 28 28	only one)  Other (Specify)  Id. DESCRIBE HOW  Id. LOCATION (Street City or Town, State  the cause(s) and ma	and Number or F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  Rural Route Number,  suse(a) and manner as stated.  GNED (Month, Day, Year)
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BE COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI (Check only 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER POPULATION OF CERTIFIER ROBUST OF PERSON WHO	HOSPITAL:  1 D'Inpatient 2 = ER.  28a. DATE OF INJ.  (Month, Day, Y.  28a. PLACE OF IN.  building, etc.  AN: To the best of my incomplete of examination of	Outpatient 3 DOA  IRY 26b. Till  IRY 26b. Till  IRY 26b. Till  IRY 26b. Till  IRY 26b. Till  IRY 26b. Till  IRY 26b. Till  IRY 26b. Till  IRY 26b. Till  IRY 26b. Till  IRY 26b. Till  IRY 26b. Till  IRY 26b. Till  IRY 27b. Till  IRY	OTHER:  4   Nursing ME OF 28- LIJURY M 1  street, factory, rred at the time, don, in my opini	Home 5 Replace OF D Home 5 Replace OF D North Work? VES 2 Office  dete and place on, death occur	EATH (Check casidence 6 28 28 28 28 28 28 28 28 28 28 28 28 28	only one)  Other (Specify)  Id. DESCRIBE HOW  Id. LOCATION (Street City or Town, State  the cause(s) and ma	and Number or F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  Rural Route Number,  suse(a) and manner as stated.  GNED (Month, Day, Year)

the hunts transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the INT THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR		CERTIFICA	TE OF DEATH	REG. N	0.	
1. DECEDENT'S NAME (First, Middle				2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
KA	THERINE MARIE	CAMPBELL			1991	4 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign
312-58-3959		77 YRS. MONT			914 Pe	ennsylvania
9a. FACILITY NAME (If not institution 400 Water	Street		city, town or Location of i t. Michaels	DEATH	Talk	
RESIDENCE OF DECEDE	COUNTY	10c CITY TOY	VN OR LOCATION			10d, INSIDE CITY
Maryland	Talbot		Michaels			LIMITS?
100. STREET AND NUMBER	Taibut	St. I	101, ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?
<b>S</b>	ater Street		21663		USA	FOR WHAT COOKING
11. MARITAL STATUS  1 Never Married 2 Marrie  3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	13. WAS DECENDENT OF HISP, if yes, specify Cuban, Mexic 1 YES 2 NO Specify NO Specify No	ANIC ORIGIN? (Specify ) can, Puerto Rican, etc.)	fes or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
(Specify only highe	1	16e. DECEDENT'S USUA (Give kind of work diffe. Do NOT use retin	one during most of working	16b. KIND OF 8	USINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	House				
17. FATHER'S NAME (First, Middle, L	est)			IAME (First, Middle, Maide	en Surname)	
Edward Wc		195. MAILING ADDI	Rose RESS (Street and Number or Rura	McGinley	own State 7in Co	riel
Kevin D. C			ox 314, Royal			
20a. METHOD OF DISPOSITION 1 Regular 2 Cremation 3		tob. PLACE AND DATE OF E	DISPOSITION (Name		LOCATION — City	
4 Donation 3 Other (Speci	(y)	St. Mary's	Cemetery		llmawr	N.J.
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	11/	Harrison E.	Leonard Fu		Home
	es, or complications that caus ellure. Liet only one cause on	eech line.	ey AKREST		ppiratory errest	t, Approximate interval Between Onset and Deeth
Sequentielly list conditions, if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	5NSIVE (	ARDIOVASCUL C CARDIOVAS	AD DISF	ASE.	
PART II. Other significent co	nditions contributing to death	but not resulting in the	e underlying ceuse given	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
× ×					71	1 YES 2 NO
Z5. WAS CASE REFERRED TO MED	NCAL .		26. PLACE OF DEATH	Check paly page)		<u> </u>
EXAMINER?	HOSPITAL:		HER: Nursing Home 6 Residence			
25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	26a. DATE OF INJUR	Y 28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HON	W INJURY OCCUP	RED
I Matural 3 Pendi	(Month, Day, Year		M 1 YES 2 NO			
	not be building, etc. (S	RY — At home, farm, street, pecify)	, factory, office	251. LOCATION (Stre City or Town, Str	et and Number or ite)	Rural Route Number,
Control Only	G PHYSICIAN: To the best of my kn EXAMINER: On the basis of axemina					
296, SIGNATURE AND TITLE OF C	rene M		29c. LICENSE N	6350	29d. DATE S	HIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PER WILLIAM S.	BREVER M.D.		BOT ST. ST. N	MICHAELS	VIARYT AN	D 21663
31. DATE FILED (Month, Day, Year)	91 32. REGISTRAR'S 9		b. Dari Diri	Or a Marko (	THE REAL PROPERTY.	M 1 0 0 0

irmit, Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requestion that the confincate be executed within 2. Tours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been provided by the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filled within 72 hours after death with the State Dept. of same of the provided provided cremental cremental.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

31. DATE FILED (Month, Day, Year)

'91

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Kenneth Alfred Raymond Duffield Date of Death 5-19-91 7.:00 pm " 7. DATE OF BIRTH (Month, Day, Year) 5 - 5 - 32 A SOCIAL SECURITY NUMBER 6 AGE (In vrs. last birthday) 8. BIRTHPLACE (State or Foreign 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 | F -5Q 267- 52-0898 Canada Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Charles DIRECTOR Henson Landing Road Welcome RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Charles La Plata 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE U.S.A. P.O. Box 908 20646 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 17 YES 2 NO IF YES, GIVE WAR OR DATES KOTEA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married White BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade Dept of Employment & Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Economic Devlp. Maryland Manager 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Raymond N. Duffield Mae Lowe 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Box 908 LaPlata. Dorothy C. Duffield MD 20646 20a. METHOD OF DISPOSITION
1 ☆ Burlal 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Maryland Veterans Cemetery Cheltanham, Donation 5 Other (Specify) 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Arehart Funeral Home, Inc. Box 567, LaPlata, MD 20646 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between shock, or hasrt failure. List Dnly Dna cause Dn asch line. Onset and Death IMMEDIATE CAUSE (Final disease or condition nstart resulting in death) CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 5 | DOA 1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 27. MANNER OF DEATH 1 Natural 5 Pending investigation M GSW. 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Nut 3 Suicide 6 Could not be determined COMPLETED 4 Homicide MI 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due 2 MEDICAL EXAMINER: On the basis of examin ation and/or investigation, in my opinion, death occured at the time, date and place, and 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 0, 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REC	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	CURTI	1,5	DENN	IS	2. DATE OF DE MONTH	16-9	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  578-18-9249  9a. FACILITY NAME (If not institution, give stre	1 🔀 M 2 🗆 F	70 YRS. MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.  OR LOCATION OF DE	7. DATE OF BIR (Month, Day, APRIL 1	1, 1921	Countr	NESSEE
WASHINGTON ADV	ENTIST HOS	SPITAL			KOMA PA	RK MON	TGOM	ERY
10e. STATE 10b. COUNTY MARYLAND PRINCE	GEORGES		LPHI	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 8601 22nd PLAC	E		101	20783		10g. CIT	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I WWII	2 NO	If yes, sp	ENDENT OF NISPAN ecity Cuban, Maxica 2 NO Specify	n, Puerto Ricen, e		14. RACI Blaci Spec	E — American Indian, k, White, atc.
15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use red PROCUREM	done during mo ired.)	st of working	N.A.	OF BUSINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Micidia, Last)  JOHN HENRY DEN	INTC			18. MOTNER'S NA		Malden Surname)	T OD	
19a. INFORMANT'S NAME (Type/Print)	NIS	19b. MAILING ADI	ORESS (Street a	ROSIE	Route Number, City		LOR (o Code)	
MARION W. DENNIS	(WIFE)	8601 22	nd PLA	CE, ADEL	PHI, MA	RYLAND	207	83
20a. METNOD OF OISPOSITION 1 X Burlal 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	val from State 2	ob. PLACE AND DATE OF f cemetary, crematory or of FORT LINCO	ther place)	(Name	1	20c. LOCATION —		
21. SIGNATURE OF FUNERAL SERVICE LICE		FORT LINCO		PADDRESS OF FA				MARYLAND
100 mm	<. A							SP., MD 20
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CARLIN	A CONSEQUENCE OF):	OF L	UNG				
PART II. Other algnificant conditions	contributing to death	but not resulting in t	ha undariyin	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	248	D. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (Ch				
1 YES 2 NO  27. MANNER OF DEATH  1 Nistural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. IN. W	JURY AT DRK? YES 2 NO		city) E HOW INJURY O	CCURED	
3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, atc. (Sp	RY — At home, farm, stree lecify)	rt, factory, offic	֥	28f. LOCATION City or Town	l (Street and Numbern, State)	er or Rural	Route Number,
One)       MEDICAL EXAMINER	CIAN: To the best of my kno			death occured at the	time, deta and p	place, and due to	the cause(	
30 HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF E	DEATN (ITEM 27) (Type, Pri	nt)	29c. LICENSE NUI	)0 9	29d. DA	5 //	(Month, Day, Year)
31. DATE FILED, (Maryin, Parting)	10 C //	161 New	Ham	pshire	the	S1/4-	er	Spring
IG 14 PM	Tuna Da	4 door fandelle						7

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

				07111	- 01				EG. NO.				
1. DECEDENT'S NAME (First, Middle	- 17							2. DATE OF I	DAY	,	YEAR	TIME OF DEATH	
	Diebold	de Cru						May	14,	199		12:12 A M	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF E (Month, Da			8. BIRTHPLACE (State or Foreign Country)		
403-54-5531	1 🗆 M 2 😾 F	50	YRS.			Hooks		3-1-	1941		Louis	sville, KY	
9a. FACILITY NAME (If not institution	n, give atreet and number)			9b. CITY	, TOWN I	R LOCAT	IDN OF DE	EATH		9c. COUN	NTY OF DEAT	н	
4874 Chevy (	4874 Chevy Chase Blvd.					Chevy Chase					ntgom	erv	
RESIDENCE OF DECEDE										110			
4874 Chevy C RESIDENCE OF DECEDE  10a. STATE 10b. Maryland 10c. STREET AND NUMBER 4874 Chevy C 11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	COUNTY		10c. CITY	, TOWN C	OR LOCA	NON.					10	d. INSIDE CITY LIMITS?	
Maryland	Montgomery		Chevy Chase								1	1 XYES 2 NO	
10e. STREET AND NUMBER					10	. ZIP CO	DE			10g. CITE	ZEN OF WHA	T COUNTRY?	
4874 Chevy C	hase Boulev	ard	d				0815				U.S.A	۸.	
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT	OF HISPAN	NIC ORIGIN? (S	pecify Yes	or No-	14. RACE -	American Indian,	
1 Never Married 2 1 Marrie		1 ☐ YES 2ĂÎN WAR DR DATES	ID				an, Maxica Specifi	n, Puerto Ricar	1, etc.)		Specify:	fhite, etc.	
	S-						- op-					White	
15. DECEDENT	'S EDUCATION st grade completed)	16a, DEG	CEDENT'S	USUAL O	CCUPATI	ON	40-	16b. KJN	D OF BUS	INESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ve kind of w Do NOT us	e retired.)	uunny mo	at or work	ing						
	5+	De	velor	men	t Ed	ucat	or		Educ	catio	on		
15. DECEDENT (Specify only higher Elementary/Secondary (9-12)  17. FATHER'S NAME (First, Middle, L	nst)					18. MO	THER'S NA	ME (First, Middl	le, Maiden S	Surname)			
	old					M	larv	Louise	Gear	rv			
19a INFORMANT'S NAME (Type/Pri		196	. MAILING	ADDRESS	S (Street	L		Route Number, C		-	Code)		
Fernando de (	Cruz										7.7.716	MD 20815	
20a. METHOD OF DISPOSITION		20b. PLACE (									City or Town		
1 Buriel 2 Cremetion 3		other pla				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			11/1/2			- 1010	
21. SIGNATURE OF FUNERAL SER		- 1 50.	FILCI					FACILITY			.I		
NI		Joseph Gawl							S				
Mel	all.	ulil	ans							TAT =	ach T	.c. 20016	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant co	b	O (OR AS A CONSECUTION OF	QUENCE OF	7): 7):									
that initiated events resulting in death) LAST	d	- (OII NO X OONOEC	ZOLINGE OF	,									
PART II. Other algorificant co	nditions contributing t	desth but not n	esulting I	n the ur	ndertyln	g cause	given in	Part I. 24	. WAS AN			ERE AUTOPSY FINDINGS	
									PERFOR	30 00	0	MILABLE PRIOR TO OMPLETION OF CAUSE	
								_   ''	165 2	Мио		F DEATH?	
				_				_			1 '	YES 2 NO	
25. WAS CASE REFERRED TO MED	MCAL T					405.05	DE 1811 401						
EXAMINER?	HOSPITAL:			OTHE	R:			neck only one)					
1 YES 2 NO	7.192222	☐ ER/Outpatlant 3					Residence	8 Other (Sp					
25. WAS CASE REFERRED TO MED EXAMINER?  1	ng	PF INJURY Day, Year)	28b. TIM INJ	URY M	W	ORK? YES 2	□ NO	28d. DESCRI	BE HOW IN	HJURY OC	CURED		
	3 Suicide 6 Could not be 28e. PLACE DF INJURY — At h							281. LOCATIO City or R	ON (Street a bwn, State)	nd Number	r or Rural Rou	te Number,	
E 0001	G PHYSICIAN: To the best of EXAMINER: On the basis of											nd manner as stated.	
29b. SIGNATURE AND THELE OF C	ERTIFIER M	mm	Sa	/		29c. Li	CENSE NU	MBER 2 Q A			5-14	fonth, Day, Year)	
30. NAME AND ADDRESS OF PER Allen M. Mon					N.W	1.7	achin	aton	D C		037	7/	
			DELE		14 • W •	, Wa	THIE	igcon,	ש.ט.	20	03/		
MAY 15 '91	Julia ,	Davidson A	odell.										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires the the law to THE FUNERAL DIRECTION. After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and Minner IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury.

executed within zerriours after death. Page 6 may be retained by the hospital or attending physician.

and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should to burial, cremation, or removal.

traumatic event, the medical examiner must be notified at once,

BALTIMORE, MARYLAND 21203-3146

O. Box 13146,

DIVISION OF VITAL RECORDS, P.

F VITAL RECORDS, P. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the standard by the conficule of the securited within 2 cas after death. Page 6 may be retained by the hospital or attending physician.	certificate has been significant the amount physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health	MPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
L RECC	law requires	as been sign	Sept. of Heal.	23 shows
F VITAL	rSiCIAN: The	certificate ha	th the State C	d, or item
DIVISION OF	TTENDING PHY	TO THE FUNERAL DIRECTOR: After this of	after death wit	28 is marke
2	SPITAL DR AT	NERAL DIREC	thin 72 hours	NT: If Item
	TO THE HO	TO THE FU	be filed wit	IMPORTA

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN REG. NO.	E 91	14736
	1. DECEDENT'S NAME (First, Middle, Lest)	tannie	Dau	185		2. DATE OF DEATH	" q	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	,		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	213-40-8525		82 YRS.			June 27,		Virginia
OR	9a. FACILITY NAME (If not institution, give st Physician's Men			LaPla	or location of dea ta	ATH	% Char	
<u>[</u>	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCAT	ION	-		10d. INSIDE CITY
L DIRECTOR	Maryland Monto	gomery	Sil	ver S	pring		Landerstan	LIMITS?  1 N YES 2 NO  N OF WHAT COUNTRY?
FUNERAL	7819 Piney Bra	nch Boad		2.50	20910		U.S	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED			IC ORIGIN? (Specify Yes		. RACE — American Indian.
BY FL	1 Never Married 2 Married	FORCES? 1 TYES	2 NO	If yes, sp	ecity Cuban, Maxican 2 NO Specify:	, Puerto Ricen, etc.)		Specify: Black
<u>a</u>	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S US	SUAL OCCUPATION	ON set of working	18b. KIND OF BU	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor	· ·	at or working			
MP	7th. Grade		House	rife		Own		
응	17. FATHER'S NAME (First, Middle, Last)	4				NE (First, Middle, Malden	Surname)	
핆	Arthur Washing	con			Ada P	ayne oute Number, City or Tow		
임	Roland J. Dawe:	e				THE STATE OF THE S		**************************************
						il. Spg.		y or Town, Stata
	20s. METHOD OF DISPOSITION  1 Burial 2 Cremetton 3 Remote Company Remote Company Remote Remot	oval from State	other place) Mar em. Park	y Land Ceme	nation	al Ta	urel,	
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME A	ND ADDRESS OF FAC	Takom	a Fun	eral Home
	1 ////	7. (	/					sh.,D.C.2001
NOI	23. PART i. Enter the diseases, or on shock, or heert feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditione, if any, leading to immediate	s. DUE TO (OR AS		*C	artora	scolar E	1,500.8	t, Approximate Interval Between Onset and Death
CERTIFICATION	csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	e. OUE TO (OR AS /	A CONSEQUENCE OF):					
MEDICAL	PART II. Other significant condition	is contributing to deeth i	but not resulting in	the underlyin	g ceuee given in	Part i. 24s. WAS AMPERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
ME						_   ′		1 - YES 2 - NO
PHYSICIAN:	or was case arrespond							
<u>c</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Chi			
ΙΥS	1 YES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 28b, TIME		JURY AT	8 Other (Specify) 28d, DESCRIBE HOW	IN ILIBA OCCIL	RED
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY W	ORK? YES 2 NO	200. DESCRIBE NOW	INSONT OCCO	neb
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, ferm, str			28f. LOCATION (Street	and Number or	Rural Route Number,
TED	4 Homicide 6 Could not be detarmined	building, etc. (Spi	nelfy)			City or Town, State	)	
COMPLET	cool	ICIAN: To the best of my know						cause(a) and menner as stated.
	294 SIGNATURE AND TITLE OF CERTIFIE				29C NICENSE NUM			HONEO (Murch, Day, Year)
TO BE	+W+PAN	> Chair (	Dont	WE	175	176	15	112/91
	30. NAME AND ADDRESS OF PERSON WH	) Wyorks	EATH (FEW 27) (NEW 7)	c+	(ala-	te M	20%	76
	31. DATE FILED (Month, Dey, Year) MAY 17 91	32 REGISTRAR'S SIG	Associate	1-		N 1		

BALTIMORE, MARYLAND	r death. Page 6 may be retained by the hos	he funeral director, page 5 should be detached.	examiner must be notified at once.
	executed within 24 ours after	in and completely filled in by the to burial, cremation, or remove	umatic event. the medical
S, P.O. BO	Seath cardillages to	To the principle	ing or other tra
AL RECORD	The law requires that the	is has been signed by the Decr. of Highlith and	om 23 shows any in
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PRINCIPAL The Law mittings are in the common and the control within 25 yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIFFECTOR. After this confliction has been aloned by the actions and completely filled in by the funeral director, page 5 should be detached to the find within 72.	to more within a second or than 25 shows any large, or other fraumstic event, the medical examiner must be netified at once.
	2	P 2	3

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF			REG. NO.	91	14737		
	1. DECEDENT'S NAME (First, Middle, Last)		DASTE			2. DATE MONE Ma		199			
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 H		OF BIRTH (h, Day, Year)	8. B	IRTHPLACE (State or Foreign puntry)		
	238-22-1810	1 🗆 M 2 🔲 F	75 YRS.	MONTHS DAYS	HOURS M		. 24 . 19	0	orgia		
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION O			9c. COUNTY			
DIRECTOR	208 Apple Grove	Road		Silve	r Sprin	g		Monte	omery		
S	10e. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY		
E	Warmal and		04	1 Cm					LIMITS?		
	Maryland Mo  10e. STREET AND NUMBER	ntgomery	1 21.	lver Sp	Of, ZIP CODE			40- OFFITTAL	OF WHAT COUNTRY?		
¥								ing. CHIZEN	OF WHAT COUNTRY?		
9	208 Apple Grove				2090			USA			
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [] IF YES, GIVE WAR	YES 2 NO	If yes,	ECENDENT OF H specify Cuban, M ES 2 NO S	exican, Puerto	IN? (Specify Yea o Rican, etc.)	MEH .	RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. OECEDENT'S EO (Specify only highest grad		16e. DECEDENT'S (Give kind of life, Do NOT u	work done during :	TION nost of worlding	16	b. KIND OF BUSI	HESS/INDUST	TY .		
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)									
물		2	Admin.	Assist	· ·		Governm				
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER	S NAME (First,	Middle, Maiden Se	ımame)			
BE	Edward Hopper				Tac	sie Mc	Dowell				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street			nber, City or Town,	State, Zip Cod	)		
5	Merlin J. Daste										
	204. METHOD OF DISPOSITION		20b. PLACE OF DISPO	PATE GI	ove Ku.	DITA	er spri	TION - City	20904		
	1) Burial 2 Cremation 3 Ren	moval from Stata	other place)				1				
	4 Donation 6 Other (Specify)	- 1-	Gate of	Heaven	Cemete	ry	Sil	ver Sp	ring, MD		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	B40 <sub>b</sub>	22 NAME	AND ADDRESS O	FILE FILE	neral H	ome T	nc		
	W Vach &	Ulinn		119/	Morr 1	Jamaah	icial n	C+1	r Spring, MD		
	23. PART I. Enter the diseases, or	- U JUST 1							Approximata		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significant condition	one contributing to de	eath but not resulting	In the underly	ing cause give	on in Part I.	24a. WAS AN A PERFORM 1 YES 2	IED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	1		0.0	PLACE OF DEAT	H (Chank not)	nne)				
<u></u>	EXAMINER?	HOSPITAL:		OTHER:	11						
YS	1 YES 2 NO		R/Outpetient 3 DOA		ome 5 Reeld						
ву РН	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF IN (Month, Day,			NJURY AT WORK? YES 2 N		EŞCRIBE HOW IN	JURY OCCUR	50		
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a, PLACE OF	NJURY — At home, farm, c. (Specify)	street, factory, o	fice	281. LC	CATION (Street and by or Town, State)	d Number or F	tural Route Number,		
BE COMPLETED	one) 2 MEDICAL EXAMIN	NER: On the basis of axes		on, in my opinior	, death occured	at the time, da	te and place, and	due to the ca	use(a) and manner as stated.  SNED (Month, Day, Year)		
TO	30. NAME AND ADDRESS OF PERSON W	WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ)	NFULL	AMPS	MIRE	AVE	5/14	SNED (Month, Day, Year) -18-91  ERSPRE		
		32 REGISTRAR	S SIGNATURE	2001	. 10 . 4	1,0	1	-	-11-51		
	MAY 21 '91	Ju a Dav	door Randell								

DIRECTOR

FUNERAL

10e. STATE

Maryland

10e. STREET AND NUMBER

94 Dana Court

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

200-32-1492

RESIDENCE OF DECEDEN

RAIPH

MURRY ROAD

9e. FACILITY NAME (If not institution, give atreet and number,

DINO DECARLO

DAYE

RIDGE

Lexington Park

10c. CITY, TOWN OR LOCATION

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATN

,MD.

10f. ZIP CODE

20653

IF UNDER t YEAR

2. DATE OF DEATH

3. TIME OF DEATH

BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES XX	RMED NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 3//NO Speci	nn, Puerto	
PLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)		ille	live kind of w Do NOT use	JSUAL OCCUPA ork done during retired.)	TION most of working	16	b. KIND OF B
COMPLE	17. FATNER'S NAME (First, Middle, Last)	Carlo	1 0	311361	JCCTO!!	18. MOTNER'S N		Middle, Maid
TO BE	Ralph Raymond De 190. INFORMANT'S NAME (Type/Print) Liesl Stark	cario				or and Number or Aural e Office	Route Nur	
200	20e. METNOD OF DISPOSITION 1	emoval from State	20b. PLACE	AND DATE	of Disposition other place)	ON (Name	5-16	TE 20c. I
	The signature of Funeral Service	Bux	00/10	2	Brin	and address of F sfield Fu ardtown,	unera	
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant conditions are significant conditions.	c	R AS A CONSE	OUENCE OF	):	ing cause given in	Part I.	24a. WAS PERF 1 X YES
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ALS YES 2 NO	HOSPITAL:			OTHER: 4   Nursing H	PLACE OF DEATN (Come 5 - Residence	XXX	ner (Specify)
B	27. MANNER OF DEATH  1 Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	25e. PLACE OF I	Year) O 9 1 NJURY — At h	28b. TIME INJU ome, farm, s	JRY 1	INJURY AT WORK?  YES 2 NO	281. LO	CATION (Street or Town, Steet RY RD)
BE COMPLETED	anni orinj	YSICIAN: To the best of my INER: On the basic of examiner.	y knowledge, d mination end/or	eath occurre			e to the c e time, de JMBER	euse(e) end r
2	30. NAME AND ADDRESS OF PERSON OF	WHO COMPLETED CAUSE	OF DEATH (IT			STREET.B		MORE .

32. REGISTRAR'S SIGNATURE Translate

RALPH RAYMOND

ocerdo

6. AGE (In yrs. last birthday)

49

5. SEX

St. Mary's

1 X 1/4 2 - F

DAY 10 YEAR 91 MONTH 05 8:30 7. DATE OF BIRTH (Month, Day, Year) NOV. 13 8. BIRTNPLACE (State or Foreign Country) 1941 Pennsylvania Nov. 9c. COUNTY OF DEATH ST.MARYS COUNTY 10d. INSIDE CITY LIMITS? YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuben, Mexican, Puerto Rican, etc.)

1 ☐ YES 2√√2 NO Specify: 14. RACE — American Indian, Black, White, etc. Specify: White BUSINESS/INDUSTRY ildina len Sumame) asini Town, State, Zip Code) onardtown, Md. 20650 LOCATION -- City or Town, State aldorf, Md. 20604 ne, P. A. 0-0279 piratory srreat, Approximate Interval Between AN AUTOPSY FORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 🗌 NO 1 TYES 2 NO BEACH W INJURY OCCURED et and Number or Rural Route Number, /RTDGE end due to the cause(e) end manner as stated. 29d. DATE SIGNED (Month, Day, Year) 05/11/91 MARYLAND 21202 **DHMN-16 Rev 1/89** 

31. DATE FILED (Month, Dey, Year)

'91

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND

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R; After this certificate has been signed by the attending physician and completely filled in by the funeral director	er death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.
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After	death
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2016 BIGNATURE AND TITLE OF CERTIFIE	Jella Sp	Arel		29c. LICENSE NU		29d. DATE SIG	ONED (Month, Day, Year) 09 19
one) 2 MEDICAL EXAMINE	tCIAN: To the bast of my kno						use(a) and manner as sta
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, atc. (S)	RY — At home, farm, st pecify)	reet, factory, offic		28f. LOCATION (Stree City or Town, Stat		ural Route Number,
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year		OF 28c. INJ	RK?	28d. DESCRIBE HOW	INJUNY OCCURE	
EXAMINER?  X YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpetient 2   ER/O	stpatient 3 🗆 DOA	OTHER: 4 (1) Nursing Hom		8 Other (Specify)	Mr Ham Addis	
25. WAS CASE REFERRED TO MEDICAL	3-0		20 10	ACE OF DEATH (C)			1  YES 2  NO
					1 X YES	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
PART II. Other aignificent condition	s contributing to death	but not resulting in	tha undarlying	cause given in			24b. WERE AUTOPSY FINI
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF)	:				
resulting in death)		A CONSEQUENCE OF)		) Scaoi III	V ( 301.5		
IMMEDIATE CAUSE (Final disease or condition	ARTERIOSC		CARDON	A COLLI AR	DOS	_	Onset and
23. PART I. Enter the diseases, or can shock, or heart failure.	complications that caus	ed the deeth. Do no			rison St		
	Z. MER	(50-)	New	nam Fur	neral Hor		atan MD
1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG		St. John		etery		rilghma	an, MD
Virginia W. I	2	Ob. PLACE AND DATE		(Name	lghman,	MD 2 OCATION — City of	1671 or Town, State
9e. INFORMANT'S NAME (Type/Print)	)a.w			nd Number or Rural	Route Number, City or To	wn, State, Zip Code	
James L. Dye	<u> </u>		10.10		y Elliot		
12 17. FATHER'S NAME (First, Middle, Last)		Char	ter Bo	at Cap	t. Ch	arter	Boat
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	rk done durina mos	at of working			
15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	SUAL OCCUPATION	N	16b. KIND OF BE	Wh WESS/INDUSTR	ite
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	DATES NO	If yes, spe	city Cuban, Mexica 2 NO Specifi	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:
Black Walnut	Point Roa		I to the Deci		671 NC ORIGIN? (Specify Ye		USA
10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	Talbot		lahman				10d. INSIDE CITY LIMITS?  1 YES 2 No
RESIDENCE OF DECEDENT	BOX 351	40- 0777					
9e. FACILITY NAME (If not institution, give st		,		R LOCATION OF DE TLGHMAN	EATH	9c. COUNTY C	OF DEATH ALBOT
222-30-4192	1 XM 2   F	43 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5/11/4	7	DE
		(In yrs. last birthday)	DYER IF UNDER 1 YEAR	IF UNDER 24 HRS.	05 08		7:30 A
PHILIP  4. SOCIAL SECURITY NUMBER	J.		I I V L I I				

32 REGISTRAR'S SIGNATURE

31. DATE FILED (Mohith, Day, Year)
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be seen as a second of the funeral director, page 5 should be seen as a second of the funeral director.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one

1 - STATE REGISTRAR		STATE OF MARYLA		MENT OF I		MENTAL HYGIEN REG. NO.	E 31	14/40	
1. DECEDENT'S NAME (Pyrit	off	ELIZABETH	LUCILLE	ECKLOI	F	2. DATE OF DEATH	- 9	3. TIME OF DEATH AN	
214-03-867	00	□ M 2 🗗	n yrs. last birthday)  7 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		904 M	BIRTHPLACE (State or Foreign Country)  [ARYLAND]	
HOLY	CROSS	HOSPITAL		SILV	ER SPRI		9c. COUNTY OF DEATH MONTGOMERY		
RESIDENCE OF DEC	10b. COUNTY		10c. CITY	TOWN DR LOCA	TION			10d. INSIDE CITY	
MARYLAND	MONT	GOMERY		SILVER	SPRING			LIMITS?	
10e. STREET AND NUMBER	TAG AN			10	f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
10111 DAI		ENUE . WAS DECEDENT EVER IN	III S ADMED	40 400 000	20901	NIC ORIGIN? (Specify Yes		JSA . RACE — American Indian,	
1 Never Married 2 3 Widowed 4 Divo	Married	FORCES? 1 YES	2X NO	If yee, ap		nn, Puarto Rican, atc.)	107 NO.	Black, White, etc.  Specify: WHITE	
	EDENT'S EDUCATI highest grade con		ille. Do NOT use	ork done during ma retired.)	DN ost of working	16b. KIND DF BU	SINESS/INDUS	TRY	
17. FATHER'S NAME (First, M	iddle, Lest)		HOMEMAK	EK	16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
JOHN F.	HAMI	LTON			MARY	Ε.	CASE	Z	
19a. INFORMANT'S NAME (7			100 00000000000000000000000000000000000			Route Number, City or Tow			
CHARLENE L.		(DAUGHTER)				SILVER SP			
20a. METHOD OF DISPOSIT 1	n 3 🗆 Remove	from State	other place)					y or Town, State  MARYLAND	
4 Donation 5 Other  21. SIGNATURE OF FUNERA			FORT LINC	FRANC	ND Soodess o€ @	MINS FUNE	RAL HO		
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injut that initiated events resulting in dasth) LAS	dieta NG ry		CONSEQUENCE OF	):	NAI ,	INT ORC	7100	5/8/9	
PART II. Other algnifica	nt conditions o	contributing to death b	ut not resulting l	n tha Underlylr	ng cause given in	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINOING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DAD	
25. WAS CASE REFERRED T				26. F	LACE OF DEATH (C)	heck only one)			
EXAMINER?	H 1	IOSPITAL: ☐Inpetient 2 ☐ ER/Outp	etient 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Rasidenca	6 Other (Specify)			
27. MANNER OF DEATH	Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY W	JURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCUP	RED	
2 Accident 3 Suicide 6	Investigation  Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s		YES 2 NO	281. LOCATION (Street City or Town, State		Rural Route Number,	
29a. CERTIFIER (Check only	IFYING PHYSICIA	N: To the best of my know				e time, data and placa, a	nd due to the o	. cause(a) and manner as stated.	
8.4	who	= m			D 28	003	▶ 5	13/1991	
30. NAME AND ADDRESS O	L- 7-	FIUTO W		Print) M )	9051	MIOUIU	E Dr.	COLEGE PA	
31. DATE FILED (Month, Day,		72. REGISTRAN'S SIGN	Handelle		•				

THE RESERVE OF THE PARTY OF THE

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JOHN

ROBERTS

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	6		ACE (State or Foreign
	294-05-6691	1 ₩ 2 □ F	68	YRS. MO	NTHS DAYS	HOURS MIN.	Sept	th, Day, Year)	22	Ohio	
	9a. FACILITY NAME (If not institution, give			91	b. CITY, TOWN	OR LOCATION OF		7, 13	9c. COUNT		
DIMECTOR	MEMORIAL HOSPITA	AL at EAS	TON	E	EASTON,	MARYLA	ND		T	ALBO1	
	RESIDENCE OF DECEDENT  10a. BTATE  10b. COUN	ity		I too CITY T	OWN OR LOCA	TION				140	d. INSIDE CITY
											LIMITS?
۱	Maryland Ta	lbot		I St.	Michae	1, ZIP CODE		_	10a CITIZE		T COUNTRY?
LONELLAL										n or with	ii ooowinii
	11, MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. AF	MED		21663 CENDENT OF HISP	ANIC ORIGI	IN? (Specify Yes	USA or No.— 14	L RACE —	American Indian,
- 11	1 Never Married 2 Married	FORCES?	YES 2 1		If yes, sp	ecify Cuban, Mexi 2 NO Spe	can, Puarto			Black, W Specify:	fhita, etc.
5	3 Widowed 4 Divorced		NII		1	X	,.			ороспу.	White
E C	15. DECEDENT'S ED (Specify only highest gra-	DUCATION de completed)			UAL OCCUPATE done during mo		16	b. KIND OF BUS	BINESS/INDUS	TRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5	1/de	. Do NOT use n	etired.)	out or monoring					
	12	5	Co	nsulta	nt			Non-fe	rrous	meta	19
	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S	NAME (First,	Middle, Malden	Surname)		
00	Elmer H. Engl	lehorn				Luci	lle R	oberts			
2	19a, INFORMANT'B NAME (Type/Print)		19	b. MAILING AD	DRESS (Street	and Number or Run	al Route Nur	mber, City or Town	n, State, Zip C	ode)	
	Frances L. Er	nglehorn	P	O. B	$ox_375$	Rolly	ston.		ichael		
	20e. METHOD OF DISPOSITION 1  Burlal 2 Cremation 3 Ra	moval from Stata		ANO OATE O	F OISPOSITION other place)	(Name	DA	TE 20c. LO	CATION — CH	y or Town,	, Bteta
	4 Donation 5 Other (Specify)			Cremat	orv		/9/91	Cli	nton,	Mary	land
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				ND ADDRESS OF					
					Harri	son E. I	Leona		eral E		Approximate
CERTIFICATION	Sequentisity list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	C	O (OR AS A CONSE								
MEDICAL	PART II Other significant condition of the condition of t	ons contributing to	-0-	resulting in	the underlyin	ng cause given	in Part I.	24a. WAS AN PERFOR	MED?	CC OI	ERE AUTOPSY FINDS MILEBLE PRIOR TO OMPLETION OF CAU F DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ONO	HOSPITAL:	ER/Outpatient		THER:	LACE OF DEATH					
BY PHYSIC	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	7	F INJURY Day, Year)	26b. TIME C	Y W	JURY AT ORK? YES 2 NO	28d. Di	EŞCRIBE HOW I	NJURY OCCU	RED	
ETED	3 Suicide 6 Could not b 4 Homicide determined	bullding	OF INJURY — At he j, etc. (Specify)	ome, ferm, stre	et, factory, offic	CO		CATION (Street of the control of the	and Number o	r Aural Rou	te Number,
COMPLE	anal	YSICIAN: To the best of									nd manner as state
TO BE C	296, SIGNATURE AND TITLE OF CERTIF	bufe	NO			29c. LICENSE N	IUMBER	7	29d. DATE	SIGNED (N	Porith, Day, Year)
-	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAL	USE OF DEATH (ITE	M 27) (Type, Pr	rint)				- property		OZILL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

**ENGLEHORN** 

2. DATE OF DEATH DAY 5 08

91

2:22A

DHMH-16 Rev 1/89

the burial-transit permit. Pages 1, 2, 3 should

ng physician.

BALTIMORE, MARYLA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	SIMIE OF I		ICATE OF		REG. NO.		14142
	1. DECEDENT'S NAME (First, Middle, Last)	Vanc				2. DATE OF DEATH DAY	GEAR 1	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 218-34-8916	5. SEX 1  M 2  F	6. AGE (In yrs. lest birthday) 57 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year) (-/3-/953		IPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give so	Spital		711.	n LOCATION OF DE	Md, Se. c	COUNTY OF D	PEATH 3
DIRECTOR	10e. STATE 10b. COUNTY	een Ann		RUSON 1	1110			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	emetery k	Soad			216.	38-6017	45	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1		If yes, sp		NC ORIGIN? (Specify Yea or No- n, Puerto Rican, etc.) y:	- 14. RAC Blac Spec	E — American Indien, k, White, atc. Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(Give kind of	work done during mose retired.)		16b. KIND OF BUSINESS.	INDUSTRY	
BE COM	17 PATTER'S NAME (First, Middle, Land	pper-	le.		16. MOTHER'S NA	ME (First, Middle, Malden Surnam	//	ppeR
2	19a, INFORMANT'S VAME (Type/Print)  ARCS  20a, METHOD OF DISPOSITION	Evan:	s Co	netecx	Road	Route Number, City or Town, State	le N	d.
	1 Burlel 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		of company, cremator	or other place	Demeter of ADDRESS OF F	CILITY ROOFE	hael	Md. Services
	23. PART I. Enter the diseases, or o	complications the	at caused the death. Do	P.O. F	20x 928	Huelock, M	12. 3	R/643
	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)	List only one car		Deal	7	The continue of respiratory		Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c Meningi	(OR AS A CONSEQUENCE (	OF):	communica	ting hydrocephal	us	
CAL	PART II. Other significant condition	e contributing to	death but not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AN AUTOF PERFORMED? 1 PYES 2 NO	- 15	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 TO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (C/	neck only one)		
Y PHYSICIAN: MED	27. MANNER OF DEATH  1 Netural Investigation	1 2 inpetient 2		4 Nursing Hor ME OF 28c. IN	URY AT	6 Other (Specify)  28d. OEŞCRIBE HOW INJURY	OCCUREO	
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE ( building	OF INJURY — At home, farm, etc. (Specify)	street, factory, offic	•	26t. LOCATION (Street end Nur City or Town, State)	mber or Rural	Route Number,
COMPLETED	One) 2 MEDICAL EXAMINI	ER: On the besis of			leath occured at the	e to the cause(e) end manner as time, data and place, and due	to the ceuse	
TO BE	290 SIGNATURE AND TITLE OF CERTIFIES	U_	USE OF DEATH (ITEM 27) (The	ne, Print)	Sec Pigen	29d.	TATE SIGNE	3 19
	R. SWAGN M 31. DATE FILED (Month, Day Year)	Unis O	64 Mayl	DRPT NO	1-60	Balt MO	2	1301
	MAY 16'91	Sie	lia-Ewidson-Man	toll.				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the time of TO THE FUNEFALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

PORK THE HILLMAN, " - THE

8 Fa 8 B

BALTIMORE, MARYLAND 21203-3146	irs after death. Page 5 may be retained by the hospital or attending physician.	his certificate has been seen to principle make the former filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	controlled and second by many filters and the many filters and the second secon	polical examiner must be nother at once.	COMPANY OF THE PROPERTY OF THE
DIVISION OF VITAL RECORDS, A O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law require that the second of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been slowed by the announg production and competing filled in	be filed within 72 hours after death with the state Dept. of regiments	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF				MENTAL	HYGIEN	E 9	11	4743
	1. DECEDENT'S NAME (First, Middle, Lest)  ANGELA M. FIGGS		E (In yrs. last birthday)	IF UNDER		IF UNDER 24 HRS.	0.5	10 OF BIRTN	10	BIRTNPLACE	ME OF DEATH  • 53 A M  E (State or Foreign
œ	220-19-2546  90. FACILITY NAME (If not Institution, give struction of the structure of the	net and number)	18 yrs.			HOURS MIN.	Apr	1. Day, Year)	9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	timore	10c. CIT	Y, TOWN O				-	I BAL		INSIDE CITY LIMITS? YES 2 X NO
FUNERAL D	100. STREET AND NUMBER 325 Lantana Dr	rive			101.	ZIP CODE 21117			10g. CITIZE	U.S.	
B	11. MARITAL STATUS  1. Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	l h	yes, spe	endent of Hispan city Cuban, Maxica 2 NO Specify	n, Puerto I		n or No- 14	I, RACE — Ar Black, Whit Specify:	merican Indian, ta, etc. White
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done o	luring mod				siness/indus		
BE COM	17. FATNER'S NAME (First, Middle, Last) Steven Jef:	frey Figgs					Emil	y Sta	fford		
2	19a. INFORMANT'S NAME (Type/Print) Steven J. Fig  20a. METHOD OF DISPOSITION 10 Burlel 2 Cremetlon 3 - Remo	:	325 La	antan	a Dr	rive, Owi		Mills		21117	itata
	Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		Lake View	22.	Eckh	ardt Fur	neral	Chap			21117
CERTIFICATION	23. PART I. Enter the diseases, or combody, or heart felium. Limited and the combody of the comb	Metast DUE TO (OR A	each line.	DEP:							Approximate Interval Between Onset and Death 4 M 0 S
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions  Coliobles fana M			in the ur	nderlyin	g cause given in	Part i.	24a. WAS AF PERFO 1 YES	RMED?	COM OF E	LABLE PRIOR TO IPLETION OF CAUSE DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (C	heck only o	ne)			
BY	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined	1 Tripetient 2 ER/C 28s. DATE OF INJUI (Month, Day, Yes 28s. PLACE OF INJUI building, etc. (5	RY 28b. Ti	4 - Nur ME OF IJURY M	28c. IN. WC	YES 2 NO	28d. DE	SCRIBE NOW	and Number o		Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 (2 CERTIFYING PNYSIC MEDICAL EXAMINE)										d manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  David w R  30. NAME AND ADDRESS OF PERSON WHO	L M . C	DEATH (ITEM 27) (TVI N CHOLFE	C-Z		29c. LICENSE NU	MBER		≥ 5/	SIGNED (Mor	nth, Day, Year)
•	Davidw Berund M	. 5 60	Nuolfe	JN	H	Dept q	Pe	diada	1,01		
	31. DATE FILED (Month, Day, Year) MAY 2 0 '91	32. REGISTRAR'S S									

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with; and some feath, Page 6 may be retained by the chospital or TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely "Jed in by the funeral director, page 5 should be detached for the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ones. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARY	YLAND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	OI	F DEAT	TH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEA		ENTAL HYGIENE REG. NO.	31	14/44
	1. DECEDENT'S NAME (First, Middle, Lest)					DATE OF DEATH	YEAR	3. TIME OF DEATH
	Edith	В.	F	ORD		5 16	91	12 43 AM
	4. SOCIAL SECURITY NUMBER				UNDER 24 HRS. 7.	Month, Day, Year)	6. BIRT	HPLACE (State or Foreign
	577-10-7080	1 M 2 DF	6 YRS.			9-18-14		GA.
oc	9a. FACILITY NAME (If not institution, give so			b. CITY, TOWN OR L			C. COUNTY OF	
DIRECTOR	MEDLANTIC MANO	OR AT LAYHILI		SILVER	SPRING	G L	Mout	somery
	10s. STATE 10b. COUNTY	1	10c. CITY, 1	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	MARYLAND MONT	TGOMERY		WHEATON				1 YES 2 NO
AL	10e. STREET AND NUMBER			10f. ZIF	CODE	1	og. CITIZEN OF	WHAT COUNTRY?
FUNERAL	3231 MEDWAY STREE				20902		USA	
E	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			ORIGIN? (Specify Yes or Puarto Rican, alc.)		CE — American Indian, ck, While, atc.
BY	1 Never Married 2 Married  3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			NO Specify:			ocity:
	15, DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUPATION		18b. KIND OF BUSIN		ITE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		k done during most of	working			
길	12	001100	FLORIST	DESIGNER		FLOWERS	3	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				MOTHER'S NAME	(First, Middle, Maiden Sui		
BE C	JOSEPH COLLINS	3_			ANNIE BE	ELLE FARRIS	5	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A			ite Number, City or Town, S		
F	DIANE F. BROWN	(DAUGHTER)				HEATON MARY		
	24e. METHOD OF DISPOSITION 1 4 Burlai 2 Cremation 3 Ram	oval from Stala	PLACE OF DISPOSIT other place)			20c. LOCAT	TION — City or	Town, Stata
10	4 Donalion 5 Other (Specify)		EDAR HILL		Y DDRESS OF FACIL		LAND, M	ARYLAND
	10.75	57 //				LINS FUNERA	AL HOME	. INC.
	AVAL	1/1/				BLVD., W. S		
	23. PART I. Enter the diseases, or a shock, or heart failure.	complications that caused List only one cause on a		enter tha mode	of dying, such e	se cardiec or reapirat	lory arreat,	Approximate interval Between
	IMMEDIATE CAUSE (Final	A						Onset and Death
	disease or condition reaulting in death)	a. ASSIVALA DUE TO (OR AS A	ion the	eumor	ria			2 weeks
								2 weeks 2 weeks > 1 year > 2 years
O	Sequentially list conditions,	b. Recurrer DUE TO (OR AS A	CONSEQUENCE OF:	sepsi	2			weeks
TA.	If any, leading to immediate cause. Enter UNDERLYING	· Selsure		Cda C				1>14000
프	CAUSE (Disease or injury that initiated events		CONSEQUENCE OF):					1
CERTIFICATION	resulting in death) LAST	a Alzheir	ner's I	Demen	tra			12 years
	PART II. Other algnificant condition	ne contributing to death it	ut not resulting in	the underlying or	use given in Pe	ert I. 24s, WAS AN AU	TOPSV 2	4b. WERE AUTOPSY FINDINGS
CAL	COPD		at not roughling in	the Bridgitying of	given in re	PERFORME	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED						1 TYES 2 4	XIII	OF DEATH?
Σ						-		1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Check	k only one)		
Sic	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp		Nursing Home	☐ Rasidence 8	Other (Specify)		
Ϋ́	27. MANNER OF GEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY		ed. DESCRIBE HOW INJ	URY OCCURED	900
BY	1 Natural 5 Pending Investigation	(110111)			2 NO			
ED	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, stc. (Spec	— Al home, farm, str	eet, factory, office	2	Ref. LOCATION (Street and City or Town, State)	Number or Rum	I Route Number,
	4 Homicide detarmined							
COMPLET	CHOCK ONLY	ICIAN: To the best of my know	ledge, death occurred	at the time, data and	place, and due to	the cause(s) and menne	er as stated.	
S S	one) 2 MEDICAL EXAMINE	ER: On the basis of axamination	n and/or investigation,	in my opinion, desti	occured at the lin	me, data and place, and o	dua to the cause	e(s) and menner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIE	R		25	c. LICENSE NUMBI	EA 2	9d. DATE SIGNI	ED (Month, Day, Year)
0	Viltenin	-,10)			2350	15	5 -1	6-71
	30. NAME AND ADDRESS OF PERSON WH		ATH (ITEM 27) (Type, P	rint)	Λ	re #308	CC	208 AM
	31. DATE FILED (Month, Day, Year)	NJUM, W		775 CO	nn. M	he wood	>>,6	901
	5-1-9 MANY 17	32. REGISTRAL'S SIGN	Devidson-Har	طعالم				
	I IMMI I	1901						

203-3146	receive or stending physician.	
6	S)	100
BALTIMORE, MARYLAND ZN203-3	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. wours after death. Figure 8 may be improved to the tending physician and completely filled in by the funeral dimense, pager 8 members as the burit be filled within 72 hours after death with the State Debt. of Health and Martial Hygbers prior to burity cremation, or removal.	THE RESIDENCE OF THE PARTY OF
I MORE,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 fours after death. Fight it may be intended by the attending physician and completely filled in by the funeral similars page 5 min. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral similar bare being death with the State Dept. of Health and Nortical Physics prior to be the contraction, or removal.	THE RESERVE AND ADDRESS AND
BAL	by the fur emoval.	DECK OVE
	ly filled in ation, or n	ALL ALLA
3146,	d complete urial, crem	HE GYDING
30X 1	tysician an	DILLIAMING IN
P.O.	attending p rtal Hygien	7, 51 51117
RDS,	w requires that the death certificate be executed within 2 nours after dipensioned by the attending physician and completely filled in by the 11. or Health and Merital Hygher prior to build, certification, or removal.	DIE TIP
RECO	s been sign opt. of Heal	CHOICE OF
VITAL	ortificate has the State De	7 11611 10
N OF	After this ce leath with t	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law in the EUNERAL DIRECTOR: After this certificate has be fied within 72 hours after death with the State Dept.	8 87 LJB
۵	UNERAL D	
	THE PO THE POSE MINE OF	

ŀ	1. DECEDENT'S NAME (First, Middle, Last)				NONTH DEATH	AY YE.	AR 3. TIME	10	
- 1	Raymond Lewis Faira	all		(	5 14	1 9	116	18 0	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A		F UNDER 1 YEAR	1	DATE OF BIRTH	8. 8	SIRTHPLACE (	State or Foreign	
	578-10-6080 1X M 2 🗆 F	84 YRS. "	ONTHS DAYS	HOURS MIN.	Month, Day, Year)	Dla "		orida	
ļ	9a, FACILITY NAME (If not institution, give street and number)		b. CITY. TOWN O	R LOCATION OF DEATH	10 01	SC. COUNTY			
œ						Man			
0	Suburban Hospital		Bethesda				Montgomery		
DIRECTOR	10s. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCAT	ION				SIDE CITY	
=	Maryland Montgomery	1	Kensing	ton				MITS? ES 2 NO	
	10e. STREET AND NUMBER			ZIP CODE		10a CITIZEN	OF WHAT CO		
₹			101						
FUNERAL	3811 Everett Street			20895			d Stat		
5	11. MARITAL STATUS  12. WAS DECEDENT EV FORCES? 1			ENDENT OF HISPANIC O		e or No— 14.	RACE - Ame Black, White,	etc.	
ВУ	1 Never Merried 2 Merried IF YES, GIVE WAR (			2 NO Specify:			Specify: W	hite	
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of wo	rk done durina mo	N st of working	16b. KIND OF BU	SINESS/INDUST	'RY		
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT use							
N P	10	Laundro	omat Own	ner	Laund	ry			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAME (	First, Middle, Maiden	Sumame)			
ш	William Meade Fairall			Myra Agn	es Close				
B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street a	nd Number or Rural Route	Number, City or Tov	vn, State, Zip Coo	de)		
9	Lota Talma LeCompte Fairall	3811 E	verett :	Street Ken	sington,	Mary.	land 2	0895	
- 4	20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSIT	TION (Name of cer	netery, crematory or	20c. LC	CATION — City	or Town, Stat	te	
	1 Burial 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Montgomery	y Crema	torium, In	c. Bet	hesda,	Mary	land	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	D ADDRESS OF FACILIT	гу	2 **	/5 1	2 2-	
- 8	11/1/20	) ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Rober	t A. Pumph Chase, In sda, Mary	rey Fune	ral Ho	me/Bet nsin A	nesda- lvenue,	
	well coosen	M00672							
	23. PART I. Enter the diseases, or complications that a hock, or heart fellure. List only one cause	used the deeth. Do no on each line.	t enter the mo	de of dying, such ea	a cerdiec or reap	elratory arrest		Approximate nterval Between	
	IMMEDIATE CAUSE (Final	//	-	/			0	Onset and Death	
	disease or condition	ocardis/	1211	uno					
- 1		AS A CONSEQUENCE OF)	11	/	_				
z	Cov.	mores &	2/01/4	disea	כמי				
9	Sequentially list conditions, if any, leading to immediate	AS A CONSEQUENCE OF	, /						
S	cause. Enter UNDERLYING	Priose 16	20515				ļ		
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR	AS A CONSEQUENCE OF)	:						
F	resulting in death) LAST								
							1		
EDICAL	PART II. Other significent conditions contributing to de	ath but not reaulting in	the underlyin	g ceuse given in Par		RMED?	AWAILA	AUTOPSY FINDINGS BLE PRIOR TO	
8					1 TYES	2 NO	OF DE	LETION OF CAUSE ATH?	
MEI	None				_		1 🗆 Y	/ES 2   NO	
Z I	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH (Check	only one)		-		
Sic	EXAMINER?  1 YES 2 NO 1 Inpetient 2 EI		OTHER: 4  Nursing Hor	ne 5 🗆 Rasidence 6 🗆	Other (Specify)				
PHYSICIAN	27. MANNER OF DEATH 26s. DATE OF IN.				d. DESCRIBE HOW	INJURY OCCUP	RED		
	1 Natural 5 Pending (Month, Day,	Year) INJU		YES 2 NO	N	ans			
ВУ	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF II	IJURY — At home, farm, st	reet, factory, offic	:e 26	M. LOCATION (Stree		Rural Route No	umber,	
ED	3 Suicide 6 Could not be building, etc 4 Homicide determined	. (Specify)			City or Town, Stat	0)			
ET.	256. CENTIFIER								
COMPL	(Check any								
Ö	2 MEDICAL EXAMINER: On the basic of exam	ination end/or investigation	n, in my opinion,	death occured at the tim	e, date end place,	end due to the o	ceuse(e) and r	manner ee stated.	
E	SECRETURE AND TITLE OF CERTIFIER	20		29c. LICENSE NUMBE	R	29d. DATE S	IGNED (Month	t, Day, Year)	
m	MB. (Annlow	MU		D11074		1 5	115/9		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print)		1	21	0.	0-1	
	Hope R 1/mha	L MD	8805	Conn. 1	Are. (	hay	hes	· Ind.	
	31. DATE FILED (Month, Day, Year) 32. BEGISTRAD'S	S SIGNATURE_			-			1	
	MAY 17 '91 Julia Day	ideon Andelle							

after death. Page 6 may be retained by the force of or lending physician.  y the funeral director, page 5 should be conditional as the burial-transit permit. Pages 1, 2, 3 should noval.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a second death. Page 6 may be retained by the housest or health are stoned by the attending physician and completely filled in by the funeral director, page 5 should be functed by the burial-transf permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL			OF DEATH		NIAL HYGIENE REG. NO.		3 [	14746
1. DECEDENT'S NAME (First, Middle, Last)	-	02		01 527117		DATE OF DEATH			3. TIME OF DEATH
Ivan		Feldma	an			May 1	7	YEAR Q1	17.00 A M
4. SOCIAL SECURITY NUMBER	8. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 Y			DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
110-28-0235	1 1 1	YRS.	MONTHS E	DAYS HOURS	MIN.	(Month, Day, Year)	1936	Country)	
9e. FACILITY NAME (If not institution, give st								TY OF DE	
Manor Care Nursi	ing Hame Wheaton						M	ontac	amora i
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		140.00					- 173		
			TY, TOWN OR						10d. INSIDE CITY LIMITS?
Md. Prince 100. STREET AND NUMBER	ce George"s	I Co	llege						YES 2 NO
				10f. ZIP CODE			10g. CITI	ZEN OF WI	AAT COUNTRY?
9810 53rd Ave.	40 MMO DECEDENT FUED	MILLO ADMED	T 40 111	1_20740		ORIGIN? (Specify Yee	N- T	II.s	— Americen Indien,
1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 X YES		tf y	es, specify Cuban,	Mexican, P		or No-	Bleck,	White, stc.
3 Widowed 4 Divorced	1958-1964		1 1	YES 24 NO	Specify:			Specify	White
15, DECEDENT'S EDU	CATION	18a. DECEDENT				16b. KIND OF BUS	INESS/IND	USTRY	WILLTE
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind o life. Do NOT	work done dur use retired.)	ing most of working					
12 years		Store	Clark			Private	۵		
17. FATHER'S NAME (First, Middle, Last)				18, MOTHE	R'S NAME	(First, Middle, Maiden			
Albert Feldma	an			Eve	lyn	Kosof	skv		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILth	G ADDRESS (	Street and Number or	Rural Rout	te Number, City or Town		Code)	
Shirley Feldman	1		same	as #10					
20e. METHOD OF DISPOSITION 1 1 Burial 2 Cremetion 3 Rem	20	b. PLACE OF DISP		of cemetery, cremat	ory or	20c. LO	CATION —	City or Tow	m, State
4 Donation 8 Other (Specify)			Veter	ans Ceme	eterv	,   0	nelto	nham	- Md
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	100 - OIL O		ME AND ADDRESS		ITY			
* Kahala	V. PERA	187	N DC	onald V.	Boro	wardt Fu 11 Rd. 1	neral	Ham	e
23. PART I. Enter the diseases, or	complications that cause	ed the death. Do							e. Md 20705
ahock, or haert failure.	List only one cause on						,	,	Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	Mouton	a dia	1	0-	1	2 /	_		Onset and Death
resulting in desth)	DUE TO (OR AS	A CONSEQUENCE	28 DL	arvig	1	82110 R	6_		
_	DUE TO (OR AS	77 - 5	TO B	U tra	d				
Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE	OF):	11014	7.7				
if sny, leading to immediate ceuse. Enter UNDERLYING				,					
CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):						
resulting in death) LAST	d								
PART II. Other significent condition	e contributing to death	hut not reculting	n In the	erluing course of	unn in n-	rt I. 24e, WAS AN	AUTODOV	641	WERE AUTOPSY FINDINGS
TAIN II. Other algumeant condition	- Contributing to destin	DOL HOL TESURIN	g iii trie uno	errying cause giv	VOII III PE	PERFOR		240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
			-			_ 1 - YES 2	NO		OF DEATH?
						_			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF DEA					
1 YES 2 NO	1   Inpatient 2   ER/Ou		4 P Nursir	ng Home 5 🗆 Resi				0110	
27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)		IME OF 2	86. INJURY AT WORK?		8d. DEŞCRIBE HOW I	NJURY OC	CURED	
2 Accident Investigation	00- 01-07-07-07	W A(1)	M	1 YES 2					
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	tr — At home, farm ec/fy)	n, street, factor	y, office	2	8f. LOCATION (Street a City or Town, State)	and Number	or Rural R	oute Number,
	ICIAN: To the best of my kno								
one) 2 MEDICAL EXAMINI	ER: On the basis of examinat	ion end/or investiga	tion, in my opi	Inlon, desth occured	d at the tim	ne, date and place, en	d due to th	ne ceuse(e)	end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	*	40		29c. LICEN					(Month, Day, Year)
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7	CHIM		Doc	008	31 Md	•	5-1	7-91
20. NAME AND ADDRESS OF PERSON WITH	/	Ceena	pe, Print	- Pr	Se	wyn H	- Me	d)	0740
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	0						/
MAY 20 '01	1 Sig Nachidaman	Manda PO							

DHMH-18 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	W.	4
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	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO		11	14747
	1. DECEDENT'S NAME (First, Middle, Last)	FRANK FR	AZIER			2. DATE OF DEATH	Y-01 0YE	3. T	TIME OF DEATN
	FRANK FRAZIE  4. SQCIAL SECURITY NUMBER  21.8-20-4285	K		JNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3 7/	BIRTNPLA	CE (State or Foreign
	378-78-4385	12 M 2 □ F 82			HOURS MIN.	(Month, Day, Year) 04-04-0	_ (	Country)	land
_	SHADY GLOVE ADVE	iventist Ho	spital %	CITY, TOWN O	CKV111	ATN O	9c. COUNTY	OF DEATH	
6	SHADY GROVE HOVE	NTIST HOSP	ITAL X	COCKY	cve+, k		Mayor	1884	rexy
DIRECTOR	10e. STATE 10b. COUNTY			WN OR LOCAT					I. INSIDE CITY LIMITS?
	Maryland Mo	ntgomery	Ro	ockvi.	L1e ZIP CODE		10g. CITIZEN		COUNTRY?
FUNERAL	709 Lenmore Ave	nue, Apt.	31C		2085	0	200	USA	
	11. MARITAL STATUS  1 Never Merried 2 X Married	12. WAS DECEDENT EVER IN U FORCES? 1 X YES	2 NO	If yee, spe	city Cuben, Mexica	IC ORIGIN? (Specify Yen, Puerto Ricen, atc.)	or No- 14.	Black, Wh	
À	3 Widowed 4 Divorced	WW II	ES	1 🗌 YES	2X NO Specify			Specify:	Black
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	(Give kind of work of the Do NOT use reti	AL OCCUPATIO	N st of working	16b. KIND OF BU	SINESS/INDUST	PY	
	Elementery/Secondery (0-12) 7th	College (1-4 or 8+)	Truck			Un	ited 1	Disp	osal
<u>≷</u>	17. FATHER'S NAME (First, Middle, Last)  CVE Frazier  Max						Surname)		
Cye Frazier Maj  198. INFORMANT'S NAME (Type/Print) 198. MAILING ADDRESS (Street and Number or Rura						y Nolan	on Photo Tin Co.	ede l	
2	Gladys E. Frazi	er (Wife)				#31C, R			20850 MD
	20e. METNOD OF DISPOSITION  MixBurlel 2 Cremetton 3 Remov	val from State CC	PLACE OF DISPOSITIO	N /Neme of cen	netery cremetory or	20c. LC	CATION — City	or Town,	State
	4 Donation 5 Other (Specify)		ther plection		D ADDRESS OF FA		olesv:	гтте	, MD
	· Turky	R. Anoi	volon	SNOWE	EN FUN	ERAL HOM MD 20850	E, P.2	A .	
	23. PART I. Enter the dispases, or co	omplications that caused t					iratory arrest	•	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	Hemati						ļ	Onset and Death
	resulting in death)	Marrier was come and A of	CONTRACTOR OF THE PARTY OF THE						
z	Sequentially list conditions, b.	esoph	ageal Ca	can	4				
CERTIFICATION	if any, leading to immediate couse. Enter UNDERLYING	DUE TO ON AS A C	ONBEGUENCE OF):						
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):						
CER	resulting in death) LAST	,							
Ä	PART ii. Other significent conditions		1		g causa given in		AUTOPSY RMED?	AM	RE AUTOPSY FINOINGS
PHYSICIAN: MEDIC	peripheral	vasculas	- d13 to	<u>ue</u>		1 TES	2 DENO	OF	MPLETION OF CAUSE DEATH? YES 2 NO
Z	-							''	_ 1E3 2 _ 100
CIA		HOSPITAL:	_ 01	28. PL	ACE OF DEATN (Ch	eck only one)			
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpet 28e. OATE OF INJURY	28b. TIME OF	28c. INJ	URY AT	8 Other (Specify)  28d. DESCRIBE NOW	INJURY OCCUP	RED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		PES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specify	- At home, ferm, stree y)	t, fectory, offic		281. LOCATION (Street City or Town, State		Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only	ZAN: To the beat of my knowle	dge, death occurred at	t the time, date	end place, end due	to the cause(e) end me	enner ea stated.		
NO.	ana)	: On the beals of exemination	end/or investigation, in	n my opinion, d	eath occured at the	time, date and place, a	nd due to the c	ause(a) an	d menner as stated.
BE	29b. SIGNATURE AND THE OF CERTIFIED	) a Mr			29c. LICENSE NUI				onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TN (ITEM 27) (Type, Prir	nt)	1338	47	7	/16/	7//
	V								
	MAY 20 91	32. REGISTRAR'S SIGNA	TURE Randoll						

BALTIMORE, MARYLAND 21203-31

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. OECEDENT'S NAME (First, Mide						).	
	idle, Last)	T	1.4		2. DATE OF DEATH MONTH	AY YEAR	3. TIME OF OEATH
PONALD	Α.	FIN			5 13		0800
4. SOCIAL SECURITY NUMBER 303-32-0262	5. SEX 1 ☑ M 2 ☐ F		FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Wear)  Jan. 16,	Cou	THPLACE (State or Foreignery) ndiana
9a, FACILITY NAME (If not institut	tion, give street and number)		96. CITY, TOWN O	R LOCATION OF DEA		9c. COUNTY OF	DEATH
RESIDENCE OF DECED		Place	GATHE	RSDUR	4	MONT	GOMERI
10a. STATE 10b	L COUNTY		TOWN OR LOCATI	ION			10d. INSIDE CITY
	MONTGOME	Ry GA	THERS		,		1 TYES 2 K NO
10. STREET AND NUMBER  11. MARITAL STATUS  11. MARITAL STATUS	ST VIEW	Place	101.	208	79		States
3 Widowed 4 Olvorced	ried FORCES? 1		If yes, spe	ENDENT OF HISPANIC lefty Cuben, Mexican, 2 NO Specify:	C ORIGIN? (Specify Ve Puerto Rican, etc.)	81	ACE — American Indian, ack, White, etc. Decily: White
	NT'S EDUCATION theat grade completed)	16a. OECEDENT'S U	ork done during mos		16b. KIND OF BU	ISINESS/INOUSTRY	1
Elementary/Secondary (0-12)	College (1-4 or 5+	.)		/Economis	t v.s.	Governme	nt/Defense
17. FATHER'S NAME (First, Middle,				18. MOTHER'S NAM	E (First, Middle, Meider	Sumame)	
Lee Fink				Jane Dye	2		
19a. INFORMANT'S NAME (Type/F		0.72710350010	The state of the s		oute Number, City or To		
Beatifice C.	Fink				Bethesda,		
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation		20b. PLACE OF DISPOSIT				CATION — City or	
4 Donation 5 Other (Spe 21, SIGNATURE OF FUNERAL SE		Montgomery	22 NAME AN	D ADDRESS OF FAC	I ITY		Maryland
Rahur	1 Farral	M00198	Rober 7557 W	t A Pumr thesda-Cr isconsin	hrey Fun levy Chas Ave. Bet	eral Home	e/ 20814-35
immediate cause (Fine)	MUNG	ARTIM	INE	ARCH	0.4/		Onset and
disease or condition resulting in death)	DUE TO	OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)	);	DIOVASE	UHAR	DISEA	Interval Bet Onset and I ACUT
disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (	(OR AS A CONSEQUENCE OF)	):		Part I. 24a. WAS A	N AUTOPSY :	Onset and ACUT
disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause of	CDUE TO (	(OR AS A CONSEQUENCE OF)	):		Part I. 24a. WAS A	N AUTOPSY PMED?	Onset and ACUT  INDE  24b. WERE AUTOPSY FIN ANALABLE PRIOR TI COMPLETION OF CA OF DEATH?
disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause of	C	(OR AS A CONSEQUENCE OF)	): n the underlying		Part I. 24a. WAS A. PERFC1 □ YES	N AUTOPSY PMED?	Onset and I  ACUT  INDE  AALABLE PRIOR TO COMPLETION OF CAN
disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause of	DUE TO d.  DUE TO d.  Conditions contributing to	(OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)  death but not resulting in	the underlying  28. PL	g cause given in P	Part I. 24a. WAS A PERFC  1 YES  ck only one)	N AUTOPSY PMED?	Onset and II  ACUT  IN DB  24b. WERE AUTOPSY FINI ANALABLE PRIOR TO COMPLETION OF CAI OF DEATH?
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause. Sequentially in death of the cause of injury that initiated events resulting in death) LAST  PART II. Other significant of the cause o	DUE TO (d	(OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)  death but not resulting in	the underlying  26. PL  OTHER: 4 □ Nursing Home  OF □ 28c. INJI	Cause given in P  ACE OF DEATH (Check  5 □ Arealdence	Part I. 24a. WAS A PERFC  1 YES  ck only one)	N AUTOPSY PRIMED?	Onset and I
disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause of	DUE TO d.  DUE TO d.  DUE TO d.  Conditions contributing to  EDICAL HOSPITAL: 1   Inpetient 2    28s. DATE OF (Month, Digital) satigation	(OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)  death but not resulting in  DOA  INJURY  W, Year  H, M	28. PL OTHER: 4   Nursing Home OF 28c. Run	ACE OF DEATH (Chec	Part I. 24a. WAS AI PERFC  1   YES  in only one)  Other (Specify)  28d. DESCRIBE HOW	N AUTOPSY RMED? 2 PMO	Onset and I  ACUT  INDE  24b. WERE AUTOPSY FINA ARABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NA
Sequentially list conditions resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause of the	EDICAL HOSPITAL:  1   Inpetient 2    28e. DATE OF (Month, Digital)  stigation   28e. PLACE Of	(OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)  death but not resulting in	28. PL OTHER: 4   Nursing Home OF 28c. Run	ACE OF DEATH (Chec	Part I. 24a. WAS A PERFC  1 YES  Sk only one)  Other (Specify)	INJURY OCCURED	Onset and  ACUT  INDE  24b. WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 No.
disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause of	EDICAL HOSPITAL: 1   Inpetient 2   25e. DATE OF (Month, District) and not be	COR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)  death but not resulting in  DOA  INJURY  ey, Year)  FINJURY — At home, farm, at etc. (Specify)	28. PL OTHER: 4   Nursing Home SOF 28c. INLI MAY WO 1   WO treet, factory, office	ACE OF DEATH (Chec	Part I. 24a. WAS A PERFO 1 YES  ck only one)  D Other (Specify)  28d. DESCRIBE HOW City or Town, State	INJURY OCCURED  and Number or Rus  HAW	Onset and I  ACUT  INDE  24b. WERE AUTOPSY FINA ARABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NA
disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause of	EDICAL HOSPITAL: 1   Inpetient 2   25e. DATE Of (Month, Dusting intigetion bid not be ermined)  DUE TO (1)  25e. PLACE Of building,	COR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)  death but not resulting in  DOA  INJURY (ey, 'bear')  FINJURY — At home, farm, at etc. (Specify)  my knowledge, death occurred	28. PL OTHER: 4   Nursing Home SOF 28c. Rull WO 1   WO 1 treet, factory, office	ACE OF DEATH (Chec	Part I. 24a. WAS A PERFO I PER	INJURY OCCURED  and Number or Ru  this Manner as stated.	Onset and I  ACUT  IN DO  ANALABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 No.
Continue   Continue	DUE TO d.  DUE TO d.	COR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)  death but not resulting in  DOA  INJURY (ey, 'bear')  FINJURY — At home, farm, at etc. (Specify)  my knowledge, death occurred	28. PL OTHER: 4   Nursing Home SOF 28c. Rull WO 1   WO 1 treet, factory, office	ACE OF DEATH (Chec	Part I. 24a. WAS A PERFC  1 YES  Ck only one)  5 Other (Specify)  28d. DESCRIBE HOW  City or fown, State to the cause(a) and makine, date and plece, a	INJURY OCCURED  and Number or Ru  and Number or Ru  anner as stated.	Onset and  ACUT  INDE  ABARABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 Miles  Tel Route Number
disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause of	EDICAL HOSPITAL: 1   Inpatient 2    Iding stigation old not be brained Physician: To the best of an EXAMINER: On the basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXA	(OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)  death but not resulting in  ER/Outpetient 3 □ DOA  INJURY 28b. TIME IN, Sulting in  FINJURY — At home, farm, at etc. (Specify)  my knowledge, death occurred tramination and/or investigation	28. PL OTHER: 4   Nursing Home OF 28c. INJI MY 1   Y treet, factory, office d at the time, date n, in my opinion, di	ACE OF DEATH CASE  TO THE STATE OF THE STATE	Part I. 24a. WAS A PERFC  1 YES  Ck only one)  5 Other (Specify)  28d. DESCRIBE HOW  City or fown, State to the cause(a) and makine, date and plece, a	INJURY OCCURED  and Number or Ru  and Number or Ru  anner as stated.	Onset and  ACUT  INDE  AMAZINE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 No.  No. 1 YES 2 No.  Ref Route Number,  Be(a) and manner as sta
Continue   Continue	EDICAL HOSPITAL: 1   Inpatient 2    Iding stigation old not be brained Physician: To the best of an EXAMINER: On the basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXAMINER: On the Basis of an EXA	(OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)  death but not resulting in  ER/Outpetient 3 □ DOA  INJURY 28b. TIME IN, Sulting in  FINJURY — At home, farm, at etc. (Specify)  my knowledge, death occurred tramination and/or investigation	28. PL OTHER: 4   Nursing Home OF 28c. INJI BBY M 1   Y treet, fectory, office d at the time, date n, in my opinion, di	ACE OF DEATH (Chece 5   AResidence 6 Usty AT RIX?  and place, and due 1 seth occured at the to 29c. LICENSE NUMI	Part I. 24a. WAS A PERFC  1 YES  Ck only one)  5 Other (Specify)  28d. DESCRIBE HOW  City or fown, State to the cause(a) and makine, date and plece, a	INJURY OCCURED  and Number or Ru  and Number or Ru  anner as stated.	Onset and  ACUT  INDE  AMAZINE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 No.  No. 1 YES 2 No.  Ref Route Number,  Be(a) and manner as sta
disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause of	EDICAL HOSPITAL: 1   Inpetient 2   25e. DATE Of (Month, Did not be ermined)  EXAMINER: On the best of axis can be considered in the constant of the best of axis can be considered in the constant of the best of axis can be considered in the constant of the best of axis can be considered in the constant of the best of axis can be considered in the constant of the best of axis can be considered in the constant of the best of axis can be considered in the constant of the consta	(OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)  death but not resulting in  ER/Outpetient 3 □ DOA  INJURY 28b. TIME IN, Sulting in  FINJURY — At home, farm, at etc. (Specify)  my knowledge, death occurred tramination and/or investigation	28. PL OTHER: 4   Nursing Home OF 28c. INJI BBY M 1   Y treet, fectory, office d at the time, date n, in my opinion, di	ACE OF DEATH CASE  TO THE STATE OF THE STATE	Part I. 24a. WAS A PERFC  1 YES  Ck only one)  5 Other (Specify)  28d. DESCRIBE HOW  City or fown, State to the cause(a) and makine, date and plece, a	INJURY OCCURED  and Number or Ru  and Number or Ru  anner as stated.	Onset and  ACUT  INDE  AMAZINE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 No.  No. 1 YES 2 No.  Ref Route Number,  Be(a) and manner as sta

it. Pages 1, 2, 3 should

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	FOR_	STATE OF MAR	YLAND / DE	PARTMEN	T OF H	FAITH AND I	MENTAL HYGIEN	9	11	4749	
	1 - STATE REGISTRAR			TIFICAT			REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	W	YEAR 3	TIME OF DEATH	
	EDNA	EL	IZABO	TH	10	RSYTH	5 /	<u> </u>	91	2 7/ M	
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. A	GE (In yrs. lest birt		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign	
	218-20-1236	□ M 2 √ F 7	77 Y	RS. MONTHS	DAYS	HOURS MIN.	7-29-1913	}	Mary	land	
	9a. FACILITY NAME (If not institution, give street		9b. CIT	Y, TOWN O	R LOCATION OF DE			NTY OF DEA			
K	Holy cross Hosp	ital			Si	lver Spr	ino		Monta	ontgomerv	
DIRECTOR	RESIDENCE OF DECEDENT					±116					
2	10a. STATE 10b. COUNTY		c. CITY, TOWN	OR LOCAT	ION			1	IOd. INSIDE CITY LIMITS?		
		ontgomery			Whea	ton			1	YES 2 NO	
₹	10e. STREET AND NUMBER			101	ZIP CODE		10g. CIT	IZEN OF WH	IAT COUNTRY?		
当	11408 Viers Mill	Road				20902		U	SA		
FUNERAL		WAS DECEDENT EVE FORCES? 1 Y		13.			IIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No-	14. RACE - Black.	– American Indian, White, etc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O				2 X NO Specify			Specify		
									1		
E	15. DECEDENT'S EDUCATE (Specify only highest grade com	ON (pleted)	(Give k	ENT'S USUAL Clind of work done NOT use retired.)	during mo-	N st of working	16b. KIND OF BU	SINESS/IN	DUSTRY		
7	Elementary/Secondary (0-12) C 1 - 1 2	ollege (1-4 or 5+)									
TO BE COMPLETED			Hou	sewife			own h				
	17. FATHER'S NAME (First, Middle, Lest)  Joseph Musgr						ME (First, Middle, Maiden				
	19a. INFORMANT'S NAME (Type/Print)	ove					eresa Sull				
	The second secon	L					Route Number, City or Tow				
	Thomas C. Forsyt						d, Wheaton				
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Crowlation 3 ☐ Removal	from State	of cemetary, cres	matory or other	place)	`			- City or Tow		
	4 Donation 5 Other (Specify)	1	Parkla	wn Cem			5+17-9 R	ocky	ille,	Md.	
	. 1/1/1/1/1/	////	/.		22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home 20904						
	* XMUID NI	Mala	C	1	1800	New Ham	pshire Ave	S	il. S		
	23. PART I. Enter the diseases, or com shock, or heart failure. List	plications that cou	sed the death	. Do not ente	r tha mo	de of dying, auc	h aa cardiac or resp	iratory a	rrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel	Only one cause o	ii gavii iirig.	1						Onset and Death	
	disease or condition resulting in death)	( A	CERAL	Ho	IXOI	A				4 LAY	
	a	DUE TO (OR	AS A CONSEQUE	NSEQUENCE OF):						7 14.6	
z		CER	BBRO	VASC	ISCULAR DISEASE					17 AR	
일	Sequentially list conditiona, if any, leading to immediate	DUE-TO (OR	AS A CONSEQUE							4 Day	
3	ceuse. Enter UNDERLYING CAUSE (Disease or injury	CA	CDIAC							72119	
표	thet initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUE						-7.5	adia.	
CERTIFICATION	d	HR.	1810	ICLERATIC TIETHET DISCUSE						34/62	
	PART II. Other algnificant conditions of	ontributing to deat	th but not reeu	iting in the u	nderlyin	g Ceuse given in	Part I. 24s. WAS AN	AUTOPSY	2,460	WERE AUTOPSY FINDINGS	
2	ENDST	AGE	ROM	JAC.	DIC	SASE	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED	DIAGE	De A	nelli	77.15			1 TYES	Z LIPHO		OF DEATH?	
Σ	Din ise	3.3 /	16/6/				_			1 120 2 100	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check only one)							
Sic		OSPITAL:	Outpetlent 3 🗆	OTHER:							
H	27. MANNER OF DEATH	26a, DATE OF INJU	IRY 2	Bb. TIME OF	28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY O	CCURED		
	Natural 5 Pending	(Month, Day, Ye	er)	INJURY		PRK?	286. DESCRIBE NOW INSURY OCCURED				
ВУ	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF INJ	URY — At home,	farm, street, fa	ctory, offic	•		28f, LOCATION (Street and Number or Rural Route Number,			
	4 Homicide determined	building, atc.	(Specify)				City or Town, State				
COMPLETED	29a. CERTIFIER 1 CENTIFYING DAYSICIA	N: To the heat of my	moudedes death		time de	and alone and a	to the cause(s) and me				
MP	(Check only one) 2 MEDICAL EXAMINER:	_								and manner as stated	
8				- gation, in my	Springer, C						
BE	29h. SIGNATURE AND TULE OF CERTIFIES	10	1			29c, LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)	
10	1 hh	Utin 1	m)			111	482	1	>//\	191	
		OMPLETED CAUSE OF			Car	2	1		/	•	
	1830 CAMERO		-3/2	ree_	101	ZING,	MD 50	41	0		
	MAV 16 '91	32. BEGISTRAR'S	DAMA PLAN	600							
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, by find within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
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REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	DECEDENT'S NAME (First, Middle, Last)								REG. NO.  2. DATE OF DEATH  3. TIME OF DEATH				
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4. SOCIAL SECURITY NUMBER 5	5. SEX 8. AGE (in yrs		s. lest birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or Foreign		
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9a. FACILITY NAME (If not institution, give stree						LOCATION OF D							
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MARYLAND Prince	e's	Нуа	ttsv	ville				1 X YES 2					
10e. STREET AND NUMBER		10f. Z	ZIP CODE		14.7	10g. CIT	10g. CITIZEN OF WHAT COUNTRY?						
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11. MARITAL STATUS 1 1 Never Married 2 Married	2. WAS DECEDEN FORCES? 1	YES 2	Z <b>∑</b> NO	H	f yes, spec	NDENT OF HISPA	en, Puerto		e or No—	14. RAC Blec	E — American Indian, ck, White, etc.		
3 Wildowed 4 Divorced	MAR OR DATES	8	1	YES 2	NO Speci	ly:			B1	ack			
18. DECEDENT'S EDUCATION			e. DECEDENT'S				16t	. KIND OF BU	JSINESS/INC	DUSTRY			
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17. FATHER'S NAME (First, Middle, Last)					Eva Lo								
Donnell Johnson  190. INFORMANT'S NAME (Type/Print)			405 444 1144	ADDRESS	100	d Number or Rural				Oct 1			
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nit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the those	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shrould be detached to be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be metilled at once.	
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13146,	xecuted within	and completel burial, crema	ratic event,	
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S, P.0	the death ce	the attendir Mental Hyg	njury, or c	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	equires that	en signed by of Health and	hows any	
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N OF V	IG PHYSICIAL	ter this certifiath with the	narked, or	
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۵	TO THE HOSPITAL C	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Memal Hyglene prior to burfal, cremation, or removal.	IMPORTANT: If It	
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	1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND I	MENTA	REG. NO.	9		14751
	1. DECEDENT'S NAME (First, Middle, Last)	R. FIE	LDS			MON		- 9	EAR 3. T	IME OF DEATH
		5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YE			OF BIRTH oth, Day, Year)		1 '	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give street		80 YRS.		WN OR LOCATION OF DI	6.	-11- 10	95 COUNTY	A TO	-MD.
OB	Stella MARIS		TOW				BAI-	time	one Co.	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	10c. CIT	Y, TOWN OR L	DCATION				10d	. INSIDE CITY LIMITS?	
	Maryland Carro	11 County	Sy	Sykesville				1 TES 2 NO		
FUNERAL	2120 Stillwater	Court				i	U.S.A.			
		12. WAS DECEDENT EVER I FORCES? 1 YES	2 7 NO	If ye	DECENDENT OF HISPAI s, specify Cuben, Mexico	in, Puerto		or No- 16	RACE — A Black, Wh	merican Indian.
9 8	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2 NO Specif		-			hite
ETED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elementary/Secondary (0-12)		16a. DECEOENT'S (Give kind of tillie. Do NOT us	work done durin	PATION g most of working	16	b, KINO OF BUS	INESS/INDUS	STRY	
COMPL	8		Homem	aker				omest:	ic	
	17. FATHER'S NAME (First, Middle, Lest) Anthony Cha	rles Steven	S		18. MOTHER'S NA		ne M. (1		wn)	
O BE	19e. INFORMANT'S NAME (Type/Print)	Tan			eet and Number or Rural					
	Edward B. Fields  20. METHOD OF DISPOSITION  A Burtal 2 Cremetton 3 Remov.	20	b. PLACE OF DISPO	SITION (Name o	of cemetery, crematory or	ykes	vkesville, MD 21784			
	4 Donetion 5 Other (Specify)		Holy Redeemer Cemetery				Baltimore, MD			D
	21, SIGNATURE OF FUNERAL SERVICE LICEN	L. She	11	Ha	ight Funer	al E				
	23. PART 1. Enter the diseasee, or co- shock, or haert fallure. Li-				Sykesville moda of dyling, suc					Approximata
	IMMEDIATE CAUSE (Final									Intarval Between Onset and Death
	resulting in death) a.	PRUBABI DUE TO (OR AS	A CONSEQUENCE O	P):						
NO O	Sequentially list conditions, b.	ASCV DUE TO (OR AS	A CONSEQUENCE O	F):						
CERTIFICATION	If any, laeding to immadieta cause. Enter UNDERLYING CAUSE (Disease or injury									
HT	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE O	·):						
	PART II. Other eignificent conditione	contributing to death i	out not resulting	in the unda	lying ceuse given in	Part I.	24s. WAS AN			RE AUTOPSY FINDINGS
DICAL							PERFOR		COI	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
M									1 [	YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	6. PLACE OF DEATN (CI	heck only	one)			
PHYSICIAN: MED	1 U YES 2 NO  27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIN	4 Nursing Nome 5 ☐ Residence 8 ☐ Other (Specifi ME OF 28c, INJURY AT 28d, DESCRIBE F				icity) E NOW INJURY OCCURED		
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)			WORK?	`\				
	3 Suicide 8 Could not be 4 Nomicide determined		28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				Number,
COMPLETED	and any	AN: To the best of my know								
	29h SIGNATURE AND TITLE OF CERTIFIER	^			200 LICENSE NIL	MRED		204 DATE	SIGNED (MA	orth Day Moort
TO BE	Carlas	alexa	rnde	NO	D2	70	287	▶ 5	-15-	91
	30. NAME AND ADDRESS OF PERSON WHO CARIA A. AILX	ander Mi	Stell	A MA	145 2300	Dul	ANRY V.	Alley	RD	21204
	31. DATE FILED (Month, Day, Year) MAY 17 '91	June Dandon	alleranders D27087 > 5-15-91  APLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Ader ND Stella Marys 2300 Dulaney Valley RD 21204  3. BEGISTAR'S SIGNATURE SIGNATURE  Fund Dandson-Hander							

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	1	FOR STATE REGISTRAR	STATE OF MARYLA	CERTIFIC				GIENE 91	14752	2
	1	DECEDENT'S NAME (First, Middle, Last)	Norma H. Gre H. Grensid	Norma H. Greensides			2. DATE OF DEATH STANDAY 14 YEAR 5:40 P			P
	L	579 COT 891	1 - M 2 XF 9	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		897	BIRTHPLACE (State or Fore Country) Michigan	eign
TOR		Suburban he RESIDENCE OF DECEDENT	street and number)		bethe s	or Location of De	1	9c. COUNTY	Tgomery	
DIRECTOR		De. STATE 10b. COUNT	tgomery		nner	ATION			10d. INSIDE CITY LIMITS? 1 TYES 2 N	но
FUNERAL DIRE	L	5128 Westpath W				01. ZIP CODE 20816		U.	S.A.	
6	1	1. MARITAL STATUS  Never Merried 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPAN specify Cuban, Mexica S ZXXNO Specifi	n, Puerto Rican, e		Black, White, atc. Specify: White	),
LETED	F	15. OECEOENT'S EDI (Specify only highest grad Elamentary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during n		16b. KIND (	OF BUSINESS/INDUS	STRY	
at once.	ŀ	7. FATHER'S NAME (First, Middle, Last)  Lewis Hutton	4	Homemal	cer		ME (First, Middle, I			
notified a	ŀ	Beverly A. Schn	itzer			Mary and Number or Rural	Route Number, City		ode)	
2	1 1	0a. METHOD OF OISPOSITION  Burial 2 2 Cremation 3 Rei  Donation 5 Other (Specify)	206	PLACE AND DATE of the Comfort	OF DISPOSITIO	N (Nama		oc. Location - ch		
moval.	2	1. SIGNATURE OF FUNERAL SERVICE L		d	Josep	h Gawler	s Sons.	Inc.	ton, D.C. 20	001
Hygiene prior to burial, cremation, or re r other traumatic event, the med RTIFICATION		23. PART I. Enter the diseases, or ahock, or heart fellure MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	B. DUE TO (OR AS A DUE TO (OR AS A C.		Arte Sept	ic shock	•		Interval Be Onset and	twee
Menta ilury.		PART II. Other eignificant condition	ons contributing to death be	ut not reaulting in	tha undarlyl	ing ceuse given in	F	AS AN AUTOPSY ERFORMED? YES 2 7 NO	24b. WERE AUTOPSY FIN AWAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N	TO
with the State Dept. of Health and ted, or Item 23 shows any in PHYSICIAN: MEDICA		5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPHAL:		OTHER:	PLACE OF DEATH (C)	The American			
- 1 kg		1	13 Competient 2 ☐ ER/Outp  28e. OATE OF INJURY (Month, Day, Year)  3-3-5-9(	28b. TIME	OF 28c. II	NJURY AT WORK?  YES 2 NO		HOW INJURY OCCU	RED	
n 28 is n ETED E		3 Suicide 4 Homicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Rown, State)			
vithin 72 hours after ANT: If Item 28 COMPLETE	1	cool orny	SICIAN: To the best of my knowl IER: On the basis of examination							tated.
be filed within 72 hours after death IMPORTANT. If Item 28 Is ma TO BE COMPLETED BY	L	96. SIGNATURE AND TITLE OF CERTIFIE	Sande	100	>	DOS'		29d. DATE	SIGNED (Month, Day, Year)	
6	L	O. NAME AND ADDRESS OF PERSON W	Tauber	- 82	Print)	65.20	consi	NA	ap nos	
	1	MAY 17 '91	32. ABGISTRAM'S SIGN.	ATURE PANEL PO	•					

transit permit. Pages 1, 2, 3 should

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	•	IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onda.
by th	e e		at
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AL OF	IIG T	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	f Ne
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HIC	HL C	e file	MPO
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		CERTIFIC			MENTAL HY	G. NO.	1 1	
1. DECEDENT'S NAME (First, Middle, Last)	ROSE ANN	GRAY			2. DATE OF DE	ATH DAYS	YEAR	1:35p M
4. SOCIAL SECURITY NUMBER 217-10-8364	5. SEX 6. AGE (	(in yrs. last birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, 07-15	Monet	Mary]	CE (State or Foreign
9a. FACILITY NAME (If not institution, give  Dorchester Ger  RESIDENCE OF DECEDENT			ambri	dge	ATH		chest	
10s. STATE 10b. COUN			town or locat	nbridge				. INSIDE CITY LIMITS?  YES X NO
10e. STREET AND NUMBER 3006 Old Rout	te 50		101.	21613	3	10g. CITIZ	USA	COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Neverled  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 TNO		ENDENT OF HISPAN ecity Cuban, Mexican 2 NO Specify	n, Puerto Rican,		14. RACE — / Black, Wh	American Indian, Nhite
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 8 Years	DUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i Homema	k done during moretired.)		18b. KIND	OF BUSINESS/IND	USTRY	
17. FATHER'S NAME (First, Middle, Lest)  Valentine Ma	ack Spear				le Ell	iott		
199. INFORMANT'S NAME (Type/Print)  Harvey W. Gra  209. METHOD OF DISPOSITION  10 Deniel 2 Cremation 3 Re 4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE I	amovel from State 20 of DC	3006 b. PLACE AND GATE Commetary, crematory or Orcheste	Old Ropertion other place)  r Mem.		Cambr	idge, M 20c. LOCATION — C Cambri	Id . 2	State
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):		bstructi Chroni DaapE	ve pulu	onary di Shuel	(UC	Onset and Death
PART II. Other algnificent condition	ons contributing to death i	but not resulting in	the underlying	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2	COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	g cause given in	1 [	PERFORMED? YES 2 1	COI OF	MPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 AO 27. MANNER OF DEATH MANNER OF DEATH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HOSPITAL:	patient 3 DOA 28b. TIME INJU	26. PL OTHER:  Norsing Hom OF 286. INJ WC 1 1	LACE OF DEATH (Ch	eck only one)  6 Other (Spe 2ed, DESCRIBI	PERFORMED?  YES 2   O	AM COUNTY TO THE	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:   Inpatient 2 = ER/Out   26e. DATE OF INJURY   Month, Day, Year)   28e. PLACE OF INJURY   building, atc. (Spe	patient 3 DOA 28b. TIME INJUI	26. PI DTHER:    Nursing Hom RY At 28c. INJ WC 1   1	LACE OF DEATH (Ch	eck only one)  6  Other (Spe  2ed. DESCRIBI  2et. LOCATION City or Tow	PERFORMED?  YES 2   Colly)  E HOW INJURY OCC  A Street and Number	CURED  OF Bural Route	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2  27. MANNER OF DEATH  Deletural 5 Pending Investigation  2 Accident Investigation  3 Sulcide e Could not be determined  29e. CERTIFIER (Check only	HOSPITAL:	petient 3 DOA 28b. TIME INJUI	26. Pt  OTHER:    Nursing Hom  OFF  OFF  OFF  OFF  OFF  OFF  OFF  O	LACE OF DEATH (Ch	eck only one)  6 Other (Spe 2ed, DESCRIBIL  2et, LOCATION City or Row	City) E HOW INJURY OCC  A  Sterey and Number  and menner as state	CURED  OF Bural Route	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   RO  27. MANNER OF DEATH    Desiral   5   Pending Investigation   3   Sulcide   Could not be determined   290. CERTIFIER   CERTIFVING PHY One)   2   MEDICAL EXAMINED   290. SIGNATURE AND TITLE OF CERTIF	HOSPITAL:	petient 3 DOA 28b. TIME INJUINATION STREET, street, st	26. PI OTHER:    Nursing Hom OF 28c. INJ. WC 1   1   1	LACE OF DEATH (Ch	eck only one)  6 Other (Spe  2ed. DESCRIBI  2et. LOCATION City or Tow	city)  E HOW INJURY Occ  I (Street and Number as state)  and menner as state)	CURED  OF Bural Route	MLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINERT 1 VES 2 AO  27. MANNER OF DEATH    Manuer of Death   Investigation	HOSPITAL:	patient 3 DOA 28b. TIME INJUINATION OF INVESTIGATION OF I	26. PI OTHER:    Nursing Hom OF 28c. INJ. WC 1   1   1	LACE OF DEATH (Chine 5   Residence JURY AT PKY AT P	eck only one)  6 Other (Spe  2ed. DESCRIBI  2et. LOCATION City or Tow	city)  E HOW INJURY Occ  I (Street and Number as state)  and menner as state)	CURED  or Rural Route  ted.  see cause(e) en	MLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  Number,

	1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH		NTAL HYGIEN REG. NO			
,		4avs				- '	DATE OF DEATH	* 25	97 1	11.13 P
	4. SOCIAL SECURITY NUMBER 220-18-0352	1X M 2 D F	GE (In yrs. last birthday)  66 YRS.		DAYS HOURS	MIN.	Month, Day, Year	15	Mary)	CE (State or Foreign fland
TOR	9a. FACILITY NAME (If not institution, give  Washington Cor  RESIDENCE OF DECEDENT	·	ıl	9b. CITY,	Hagers:			ec. count	shing	
DIRECTOR	10e. STATE 10b. COUN	washington	10c. Cn	TY, TOWN OF	LOCATION	n.				1. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 12 S. Walnut.				101. ZIP CODE				N OF WHAT	COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1V YE IF YES, GIVE WAR OF	ES 2 NO PORTES	lf.	AS DECENDENT OF YOS, specify Cubert	ı, Mexican, Pu	RIGIN? (Specify Yearto Rican, etc.)	e or No-	Specify:	
MPEETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION	16a. DECEDENT'S (Give kind of life. Do NOT u	work done duse retired.)	ring most of working	g	16b. KIND OF BU	Schoo		
BE COM	17. FATHER'S NAME (First, Middle, Leet) Lloyd D. Haye	S			18. MOTH	The second secon	First, Middle, Meider M. Lewi			
2	19a. INFORMANT'S NAME (Type/Print)  Donna K. Nave						Number City or Tox 3 ers town	, Md. 2	1740	
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Re 4 Donation 5 Other (Specify) 21. Skilled Line Of TUNERAL SERVICE I	1	20b. PLACE AND DAT of cemetary, cremator Smiths bw.	y or other pla LG Cen 22. N	rel	S OF FACILIT				
CERTIFICATION	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO COR AS		OF):  BO	115 FIRST	, , ,				Interval Batw Onset and D
MEDICAL	PART II. Other algnificant condition	one contributing to deat  FOILURE	h but not reaulting	In the unc	lerlying cause g	lven in Par	t I. 24a. WAS AI PERFO	RMED?	CO OF	RE AUTOPSY FINDR ALLABLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ministra and an	OTHER		2	- Cartaire			
BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		RY 28b. TI	ME OF JURY M	ng Home 5 Re- 28c. INJURY AT WORK? 1 YES 2	26 NO	d. DESCRIBE HOW  1. LOCATION (Street			n Number
COMPLETED	one)	building, etc. (3 SICIAN: To the best of my ki	Specify) nowledge, death occur	red at the tir	ne, dats and place,	, and due to t	City or Town, State the cause(e) and mu	anner as stated	1.	
TO BE CC	29b. SIGNATURE AND TITLE OF CERTIF	40			29c. LICE	ENSE NUMBER	3	29d. DATE : ► 5.	SIGNED (M.	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON V	1714 DAK	HIU AV	e, Print) HA(	JERS TOL	w	ha,			
	31. DATE FILED (Month, Day, Year) 91	1714 DAK 32. REGISTRAP'S S Julia	Davidson-Ran	dell			,			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 rouns after death. Per think the law requires that the death certificate be executed within 12- rouns after death. Per think that the law requires that been signed by the attending physician and completely filled in by the funeral or per the deathed be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner min to nothing at once.
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	FOR STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR					MENTA	L HYGIEN REG. NO.			14755
ı,	1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH			3. TIME OF OEATH
	Lorena	a Anı	n	Hoffman						Mon Ma			YEAR	7:55 p.M
- 1	4. SOCIAL SECURITY NUMB	-	5. SEX	6. AGE (In yrs. le		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	217-34-094	19	1 🗆 M 2 💢 F	5.5	5 YRS.	MONTHS	DAYS	HOURS	MIN.	06-	06-35	5	Mai	vland
	9e. FACILITY NAME (If not in:	stitution, give st	reet and number)			9b. CITY	, TOWN C	R LOCAT	TION OF O				NTY OF D	
DIRECTOR	Physician		orial Ho	spital			LaP	lata	1			C	harl	es
E I	10e. STATE	10b. COUNTY	1		10c. Cl	ry, town (	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
ā	Maryland	Char:	les		La	Pla	ata							1 X YES 2 NO
A	10e. STREET AND NUMBER						101	. ZIP CO	0E			18g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	1115 N. Oa	ak Ave	enue				1 2	2064	46			U.	S.A	
5	11. MARITAL STATUS			NT EVER IN U.S. A							N? (Specify Yes	e or No-	14. RAC Blac	E — American Indian, ik, White, atc.
BY F	1 Never Merried 2 3 Widowed 4 X Divo			WAR OR DATES					) Specif		Tiban, otoly			ite
	••			1						1		00150000		ı te
	15, OEC (Specify only	EDENT'S EDU	completed)		Give kind of the Do NOT of	work done	during mo	on st of work	king	16	b. KIND OF BU	SINESS/IN	DUSTRY	
1	Elementery/Secondery (0	12)	College (1-4 or 5	+)	omen						Home			
COMPLETED	17. FATHER'S NAME (First, M	iciclia I anti		11	Omen	lake.		I III MO	TNED'S NA		Middle, Meiden	Sumama)		
ö	Russell G.		F+								Della	Gumanney		
BE	19e. INFORMANT'S NAME (7		L L	1	Ob. MAILIN	G ADDRES	S (Street s				DETTA	vn Stete 7	in Code)	
2	L. Gordon										on, M			
		/		20b, PLAC	E OF DISPO							CATION -		own, State
	20a METNOD OF DISPOSITI	n 3 🗆 Rem	oval from State	other,	p/ace)				-		Der		,	
	21. SIGNATURE OF FUNERA		CENSEE	- pene	SVII		NAME A	ND ADDR	RESS OF F	ACILITY				
7.0	> m/	1/2-	10 1	an	0	7					ral H			
_	1140	nue		1							aPlat.			
	23. PART I. Enter the d shock, or h		List only one ce			not ante	r the mo	or o	rying, eu	cn me ce	raiec or reap	HERIOTY III	rreat,	Approximate interval Batween
	IMMEDIATE CAUSE (Fir		A = ==	10.					- 1			20.		Onset end Death
	resulting in death)	$\rightarrow$	. ADE	NOCI	4100	10	0 2	117	OF		OVE	HCY		
			WY E	TAST	- A -	T:		_	0	1 1	IFO	,		19. 4.
ON	Sequentially list condit		Pr	O (OR AS A CONS							JIK			1, 17.15.
TA.	if any, leading to imme ceuse. Enter UNDERLY			•										
임	CAUSE (Disease or injuthat initiated events	ary	DUE TO	O (OR AS A CONS	EQUENCE	OF):								
CERTIFICATION	resulting in death) LAS	T	d.											
	0.000 11 0.00 - 1 - 10 - 10 - 10	- data		- Allest bus and	later total	1 - 45				D. A.I.	T			- HIERON CHICAGO
X	PART II. Other eignifice	ent condition	e contributing t	o demin but no	resurting	j in the u	ndertyln	g cause	e given ir	n Part I.		RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA											1 TYES	2 NO		OF DEATH?
M														1 TYES 2 NO
A.		70 14501041	1							v= 1 = 4.				
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEOICAL	HOSPITAL:			OTHE	R:		DEATH (C					
₹	1   YES 2   NO		28a. DATE C	ER/Outpatient	3 L DOA	1.	_	JURY AT	Residence		her (Specify) ESCRIBE HOW	INJURY O	CCURED	
		Pending		Day, Year)		NJURY	W	YES 2	□ NO	1				
BY	2 Accident 3 Suicide	Investigation	26a. PLACE	OF INJURY — AI	home, farm	, street, fa				261. LC	CATION (Street	and Numb	er or Rurai	l Route Number,
ED	4 Homicide	Could not be datermined	buildin	g, etc. (Specify)						Ci	ty or Town, Stati	0)		
COMPLET	290. CERTIFIER	TIEVING BUYE	IOIANI. To the book	ed and but mide does	d		111-1	- 456					and and	
MP	(Check only		FR: On the best of											e(a) and manner as stated.
00						,	Opinion,				are and piace,			
BE	296. SIGNATURE AND TITLE	E OF CERTIFIE	7 17	+					JCENSE NI			9	_	20 (Month, Day, Year)
0	30. NAME AND ADDRESS O	E DEBSON WI	HO COMPLETED C	USE OF DEATH #	TEM 270 /5-	ne Print		1 1).	-2835	52		1 -		411
	The second second second						1 0-	n , 4-7.	#217	z TAJ.	1dorf	MD	206	503
	Krishan M 31. DATE FILED (Month, Day,	· Mar)	32. REGISTI	RAR'S SIGNATURE	TALIMS	<u> </u>	1 20	ruth.	17 7.1.	) 110	A TOOL T	· LILL	200	102
	MAY 21	'91	Julia	Davidson	Manda									

PO-80X 68760, DIVISION OF VITAL RECORDS.

in and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in burial, cremation, or removal. fraumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the print TO THE FUNERAL ORECTOR: After this certificate has been signed by the title be filed within 72 hours after death with the State Degr. of Health and Many IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury.

31. DATE FILED (Month, Day, Year)
MAY 2 1 '91

32. REGISTRAR'S SIGNATURE
Julia Davidson Handale

	, Middle, Last)			CERTIFIC	AIL OI	DEATH	2. DATE OF	REG. NO.		3. TIME OF DEATH
		Robert H	alev				MONTH	Au 13	1001/	10-24
4. SOCIAL SECURITY NUME				iasi birthday)II	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRITH		IPLACE (State or Foreign
050-12-66	585	1 🗐 M 2 🗌 F	72	YRS.	NTHS DAYS	HOURS MIN.	7-20	1918	New	"York
9a. FACILITY NAME (If not in	nstitution, give stre	eet and number)	_	9	b. CITY, TOWN	OR LOCATION OF DE	EATH	9c.	COUNTY OF D	EATN
Greater Bal	timore	Medical	Cente.	r	Tows	son			Balti	more
RESIDENCE OF DEC	10b. COUNTY			40. 0/77/ 7		WIDA!				10d. INSIDE CITY
New York	IUB. COUNTY	Erie		10c. CITY, 1	OWN OR LOCA	Tonawa	nda			LIMITS?
100. STREET AND NUMBER		ELIE			1 10	f. ZIP CODE	iliua		CITITEN OF Y	1 TYES 2 NO
IOS. STREET AND NOMBER		11 D.			"	1422	2	log		S. A.
11. MARITAL STATUS	// CIE	veland Dr		ARMED	12 WAS DE	1422 CENDENT OF HISPAI		Specify Yea or No		S • A •  E — American Indian.
1 Never Married 2	Married	FORCES? 1 [	TYES 2		If yes, s	pecify Cuban, Maxice 3 2 X NO Specifi	in, Puarto Rici		Blac	k, White, etc.
3  Widowed 4 □ Dive	proed	IF YES, GIVE WA	H OH DATES	WW II	1 1 763	S 2 12 NO Specif	у;		Spec	White
	CEDENT'S EDUC		16a.	DECEDENT'S US	UAL OCCUPATI	ON	16b. Ki	ND OF BUSINES	B/INDUSTRY	
Elementary/Secondary (		College (1-4 or 5+)		life. Do NOT use r	etired.)	ost or working				
12				Line Su	pervis	or	G	enera1	Electr	ic
17. FATHER'S NAME (First, A	Aiddle, Lasl)					18. MOTHER'S NA	11111			
	Pe	eter J. H	aley_			The	eresa	Buckle	У	
19a. INFORMANT'S NAME (	Type/Print)					and Number or Rural				
Mary_H.				1901 A	ndover	Way Apt.	.35 S	unCityC	enter,	Florida 33
28a. METHOD OF DISPOSIT		eval from State	of ceme	ACE AND DATE O	other place)		DATE		N — City or To	
4 Donation 5 Other			Mt	. Calva	ry Cem	etery		Cheekt	owaga,	New York
					enter the m	ode of dying, suc	h as cardia	c or respirator	y arrest,	Approximete
shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)		A.	OR AS A CON		enter the m	ode of dying, suc	ch as cardia	c or respirator	y arrest,	Interval Between
IMMEDIATE CAUSE (Fi	tions, soliete (ING ury	DUE TO (d	OR AS A CON	line.	enter the m	ode of dying, suc	h as cardia	c or respirator	y arrest,	Interval Between
IMMEDIATE CAUSE (Fideesse or condition resulting in death)  Sequentially list condition and list conditions are cause. Enter UNDERLY CAUSE (Disease or injude) in the initiated events	a stitions, addiete link cury	DUE TO (d	OR AS A CON	ISEQUENCE OF):	<u>)                                    </u>		Part I. 2	4a. WAS AN AUTO PERFORMED YES 2 1	PSY 241	Interval Betwee Onset and Dest Onset and Dest Onset and Dest Onset and Dest Onset on
IMMEDIATE CAUSE (Fideesse or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in deeth) LAS	a stitions, addiete link cury	DUE TO (d	OR AS A CON	ISEQUENCE OF):	<u>)                                    </u>		Part I. 2	44. WAS AN AUTC PERFORMED	PSY 241	Interval Betwee Onset and Deal Onset
IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in deeth) LAS  PART II. Other signific	attions, solicite (ING cury)	DUE TO (d	OR AS A CON	ISEQUENCE OF):	the underlyle		Part I. 2	44. WAS AN AUTC PERFORMED	PSY 241	Interval Betwee Onset and Dear Onset and Dear Onset and Dear Onset and Dear Onset and Dear Onset
IMMEDIATE CAUSE (Fidleesse or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in deeth) LAS	attions, solicite (ING cury)	DUE TO (0	OR AS A CON-	ISEQUENCE OF):  ISEQUENCE OF):  ISEQUENCE OF):	the underlyle	ng cause given in	Part I. 2	4a. WAS AN AUTO PERFORMED YES 2 1	PSY 241	Interval Betwee Onset and Dest Onset and Dest Onset and Dest Onset and Dest Onset on
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IMMEDIATE CAUSE (Fidisesse or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injusted in list in the condition of the condition	attions, addetermined by the conditions of the c	DUE TO (0	OR AS A CONDRAS	SEQUENCE OF):  SEQUENCE OF):  Dt resulting in	28. FOTHER: Nursing Hooff 28c. If No.	ng cause given in	Part I. 2	4a. WAS AN AUTO PERFORMED   YES 2 1 1 1 1 1	PSY 241	Interval Betwee Onset and Dest Onset and Dest Onset and Dest Onset and Dest Onset on
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IMMEDIATE CAUSE (Fidisesse or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or Injuted in the initiated events resulting in deeth) LAS  PART II. Other signific  25. WAS CASE REFERRED EXAMINERY  TO TES 2 NO  27. MANNER OF DEATH  1 Netural 5 2  Accident  2 Accident  3 Suicide 8 4 Homicide  29a. CERTIFIER (Check only)	attions, delete line line line line line line line lin	DUE TO (0  DUE TO (0	DR AS A CONDR SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  Dt resulting in  28b. Time: INJUR	28. F  THER: Nursing Ho  OF 28c. In  Y  M  1   eet, factory, off	PLACE OF DEATN (Come 5 - Residence JURY AT ORK? YES 2 - NO	Part I. 2 heck only one) 6  Other ( 28d. DESCI 28f. LOCAT City or	4a. WAS AN AUTO PERFORMED  YES 2 A. M.  Specify)  RIBE NOW INJUR  ION (Street and N.  Town, State)	PSY 246  Y OCCURED  umber or Flurel  is stated.	Interval Betwee Onset and Deal Onset	
IMMEDIATE CAUSE (Fidisesse or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or Injuted in the initiated events resulting in deeth) LAS  PART II. Other signific  25. WAS CASE REFERRED EXAMINERY  TO TES 2 NO  27. MANNER OF DEATH  1 Netural 5 2  Accident  2 Accident  3 Suicide 8 4 Homicide  29a. CERTIFIER (Check only)	tions, solicitions, solicitiions, solicitions, solicitii, soliciti	DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  B CDNtributing to c)  28a. DATE OF I (Month, Da)  28a. PLACE OF building, c	DR AS A CONDR SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  Dt resulting in  28b. Time: INJUR	28. F  THER: Nursing Ho  OF 28c. In  Y  M  1   eet, factory, off	PLACE OF DEATN (Come 5 - Residence JURY AT ORK? YES 2 - NO	Part I. 2  heck only one)  6  Other (c)  28f. LOCAT City or  a to the cause a time, data as	4a. WAS AN AUTO PERFORMED YES 2 (1) Specify) RIBE NOW INJUR ION (Street and N Town, State)	Y OCCURED  umber or Rural  is stated.	Interval Betwee Onset and Dear Dear Onset and Dear Dear Dear Dear Dear Dear Dear Dear	

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the down certains	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the minutes and the	2	season manages as in an electrical and these Off schools have followed

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	יו וכ	+131
	1. DECEDENT'S NAME (First, Middle, Last)	Forrest Max Hutchison	n.	2. DATE OF DEATH MONTH DAY	YEAR 3. TH	ME OF DEATH
	Hornest	Hutchison		5 13		300 PM
			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE Country)	E (State or Foreign
	577-26-225-11	1 2 F 70 YRS. WOY	DAYS HOURS WIN.	3-1-21	Iowa	
_	9e. FACILITY NAME (If not institution, give street	end number)	CITY, TOWN OR LOCATION OF DE	EATH 9c. (	COUNTY OF DEATH	
DIRECTOR	Mashing ton Ho	ventist Hosp, 1	afomata	rk M	ontgomery	y
EC.	10a, STATE 10b, COUNTY	10c. CITY, TO	OWN OR LOCATION			INSIDE CITY
	Md Mo	inte Ga	Lithers	Dung		YES 2 □ NO
18 I	10e. STREET AND NUMBER	4 -	101, ZIP CODE	10g.	CITIZEN OF WHAT	COUNTRY?
FUNERAL	9113 Koser		208	19	U.S.A.	
	11. MARITAL STATUS 12.  1 Never Merried 2 Merried	, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XXYES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexics	n, Puerto Rican, atc.)	Black, White	nericen Indian, e, etc.
B	3 🗌 Widowed 4 🗎 Divorced	WII	1 TYES XXX NO Specific	y:	Specify:	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com		JAL OCCUPATION done during most of working	16b. KIND OF BUSINESS	S/INDUSTRY	
	Elementary/Secondary (0-12)	college (1-4 or 5+) life. Do NOT use re	tired.)			
MP	12	Forema	7		truction	
	17. FATHER'S NAME (First, Middle, Last)  Jesse Hutchison		18. MOTHER'S NA	ME (First, Middle, Maiden Sumar	me)	
8 8	19e. INFORMANT'S NAME (Type/Print)	19h MAILING AD	DRESS (Street and Number or Rural		e Zin Code)	
2	Roberta J. Hutchi		Rosemont Dr. Ga			
2	20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Removal	20b. PLACE AND DATE OF	OISPOSITION (Name	DATE 20c. LOCATIO	N — City or Town, Si	lete
	4 Donation 6 Other (Specify)	Gate Of Hea	aven Cemetery	5/17/91 Silve	r Spring	, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE	22, NAME AND AODRESS OF FA	DeVol Fune	ral Home	
CAB	1.8.O.CL	M00896	10 E. Deer Pa			MD 20877
		pplications that caused the deeth. Do not tonly one cause on each line.				Approximate interval Between
	IMMEDIATE CAUSE (Finel					Onset end Desth
	disesse or condition resulting in deeth) e	SEPSIS				DAYS
	30	DUE TO (OR AS A CONSEQUENCE OF):	I CAL SO	Δ. Δ.		DAYS
CERTIFICATION	Sequentially list conditions, b	DUODENAL STUM  DUE TO (OR AS A CONSEQUENCE OF):	IP CEAR SIA	FTU'S POST AN	TRECTONY	DIE
SAT	if sny, leading to immediate cause. Enter UNDERLYING	DUODENAL ULCER	WITH MASS	SIVE G.I. B	LEED	DAYS
Ē	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSEQUENCE OF):				1
7 &	resulting in deeth) LAST	PROLONGED KES	PIRATORY F	-AILURE		WEEKS
AL C	PART ii. Other significent conditions c	ontributing to deeth but not resulting in t	he underlying cause given in			E AUTOPSY FINDINGS
CA	CORONARY D	SEASE WITH COROL	DARY BYPAS	PERFORMED	COM	ABLE PRIOR TO PLETION DF CAUSE EATH?
MEC	CHRONIC REN	IAL FAILURE ON C				YES 2 NO
AN: I	CEREBROVASCU	ILAR DISEASE U	ITH STROKE			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL: O	26. PLACE OF DEATH (C)	heck only one)		
YSICI	1 YES 2 NO 1	☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4	☐ Nursing Home 5 ☐ Residence			
	1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year) 26b, TIME O INJURY	F 28c. INJURY AT WORK?  M 1 YES 2 NO	26d. DEŞCRIBE HOW INJUR	Y OCCURED	
	2 Accident Investigation 3 Suicide & Could and be	28e. PLACE OF INJURY — At home, farm, stree		281, LOCATION (Street and No	umber or Rural Route I	Number,
TED	4 Homicide 6 Could not be determined	building, atc. (Specify)		City or Town, State)		
PLE	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge, death occurred a	it the time, date and place, and du	to the cause(s) and manner a	is stated.	
D BE COMPLETED	and the second	On the basis of axamination and/or investigation, i	n my opinion, death occured at the	time, date and place, and due	to the cause(s) end	menner ee stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU		, DATE SIGNEO (Mon	
TO B	1 homes thee	~	D35	207	5.14	. 91
1 -		o 7610 Carroll Ave.#		le Marriand 3	00012	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	400 Takulla Par	ralyland 2	20712	
	MAY 15 '91	Julia Davidson-Randall				

		REGISTRAR		CERTIFIC	AIE OF	DEATH	RE	G. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)	HUAN	16.		2	DATE OF OE	DAY	YEAR 3. 1	TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIR			CE (State or Foreign		
77		214-92-1685	X M 2 0 F 7		ONTHS DAYS	HOURS MIN.	(Month, Day,	Ybar)	Country) Taiv			
3 should		Se. FACILITY NAME (If not institution, give stre		9	b. CITY, TOWN C	R LOCATION OF DEAT	н	9c. COU	NTY OF DEATH	4		
.2.3	TOR	SUBURBAN HA	SPITA	2	Bethe	esda		Mor	tgome	ry		
t. Pages 1	DIRECTOR	10a. STATE 10b. COUNTY	NTGOMER		KU/L					1. INSIDE CITY LIMITS? X YES 2 \( \text{NO}\)		
permi	AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITI	ZEN OF WHAT	COUNTRY?		
n. ansit	ER	512 S. HORNE	Ris hA	NE		20847			iwan			
203-3146 Intending physician. as the burial-transit permit. Pages 1, 2.	BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR O	2 X NO	If yes, sp	ENDENT OF HISPANIC ocity Cuber, Mexicon, I			14. RACE — / Black, Wi Specify:	American Indian, hite, etc. Asian		
	ED	15. DECEDENT'S EOUCA		16a. OECEDENT'S US	UAL OCCUPATION	ON et of working	16b. KIND	OF BUSINESS/INC	JUSTRY			
200	ET	(Specify only highest grade or Elementary/Secondery (0-12)	College (1-4 or 5 +)	(Give kind of wor life. Do NOT use		st or working						
681	COMPLET	6		Control	ler			ar Cane	Compa	ny		
	CO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME		Melden Sumeme)				
RYL met 3	BE	Ginyau Huang				Gen Mei		7	0.41			
MARY retailed 5 should netffled	10	19a. INFORMANT'S NAME (Type/Print) Shing-Kwan Samuel	Huang			look, Rock				0850		
A 0 0		200. METHOD OF DISPOSITION		b. PLACE OF DISPOSIT				20c. LOCATION —				
MORE, I age 6 may be director, page er must be		1 Donation 5 Other (Specify)	rai from State	other place) Montgomery	Crema	torium, Ir		Bethesda				
ALTI death. P funeral		H. SIGNATURE OF FUNERAL SERVICE LICENSEE  MO0198  22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Rockvil 300 West Montgomery Avenue Rockville, Maryland 20850-2805										
4 5 E S			3. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximat									
1 E 5 2		shock, or heart fellure. L  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a	MULT	PLE	7	RAUMA	7			Interval Between Onset and Death & HRS		
			DUE TO (OR AS	A CONSEQUENCE OF):								
# E E E	ON	Sequentially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE OF):						1		
BOX 1 ficate be ex physician a ne prior to	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING										
tificati physican ther	IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):								
0. 4 gf 2	ERT	resulting in death) LAST										
	CE	PART II. Other algnificant conditions	contributing to death	but not resulting in	tha underlyin	g cause given in Pr	ort I. 24a.	WAS AN AUTOPSY		ERE AUTOPSY FINDINGS		
D = 22 =	EDICAL			•	,			PERFORMED?	CO	MILABLE PRIOR TO OMPLETION OF CAUSE		
	EDI						_   ' _	TES 2 NO		P DEATH?		
RECC w requires been sign pt. of Health	2						_					
ITAL REC 4: The law requir cate has been si State Dept. of H	NAI	25. WAS CASE REFERRED TO MEDICAL		,		LACE OF DEATH (Chec	k only one)					
VITAL  CIAN: The la	VSICI	16 TES 2 NO	HOSPITAL:		OTHER:       Nursing Hor	ne 5 🗆 Residence 6	Other (Spe	icify)				
OF VIT PHYSICIAN: With the St with the St riest, or 18	PHY	27. MANNER OF DEATH  1 Netupal 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY W	DRK?	ed. DESCRIB	E HOW INJURY O	CURED			
	BY	1 Natural 5 Pending Investigation	5 149	1 1630	) M   1		FELL	OFF	BILL	H		
TISTO WITEHOU CITOR: A sthr do		3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Sp.	Y — At home, ferm, streetly)	eet, factory, offi	•	City or Tox	1 11	or Hurai Hou	Number,		
DIVISION OR ATTENDING DORECTOR: After hours after design litem 28 is ma	ETED.	No. CHARLESON	BIKE	ATU			KY 2	18 - 140 6	54	(3)		
D HUNERAL D WITH 72 bo	COMPL	(Check only	EAN: To the best of my kno							nd manner es atated.		
THE HO THE FU fled wit	BE O	29L SIGNATURE AND TITLE OF CERTIFIER	ann.	100		29c. LICENSE NUMB	ER C	29d. DA	TE SIGNED	britt, Day from)		
863	0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CARSE OF D	DEATH (ITEM 27) (Type,	Print) A	DOZ	74	Gad.	3/1	14		
15		FRONGES C MAG	10 82000	DISCOULO	w) Ave	Peran	334	A M	D S-	85150		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE .			Y					
		MAY 17 '91	June ward	Con-Manage	•							

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the four after death. Page 6 may	NERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, pr hin 72 hours after death with the State Dect, of Health and Mental Hyplene prior to burlal, cremation, or removal.	
Sp	明点	

1. OECEDENT'S NAME (First, Middle, Last)				ICATE OF		REG. NO			_
	)					2. DATE OF OEATH	AY Y	3. TIME OF DE	
Mable. H. Ha	isty					May 14	. 199		a
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or	Foreign
230-42-0460	1 M 2 F	82	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) May 7.	1909	IOWA	
9a. FACILITY NAME (If not institution, give	street and number)	0.1		SP CITY TOWN	OR LOCATION OF DE		4-4-43	Y OF DEATH	
	The second second		1						
Montgomery Ge	neral H	ospita	11	Olne	<i>y</i>		Mont	gomery	
10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CI	ry
MARYLAND MON	NTGOMERY			CTIVER	SPRING			LIMITS?	7 40
10e. STREET AND NUMBER	VI GOTILIKI				. SPRING		I 40- OFFITE	N OF WHAT COUNTRY	JNO
	2015			100	17/0-17		log. Crizze	N OF WHAT COUNTRY	
12602 BLUHILL F					2090			USA	
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13. WAS DEC	CENDENT OF HISPAN Hecity Cuben, Mexica	NIC DRIGIN? (Specify Years, Puerto Rican, etc.)	s or No-	<ol> <li>RACE — American in Black, White, etc.</li> </ol>	dien,
3 Wildowed 4 Divorced		MAR OR DATES		1 TYES	2 NO Specifi	n, Puarto Rican, etc.)		Specify:	
								WHITE	
15. DECEGENT'S ED (Specify only highest grad	UCATION tle completed)		(Give kind of	Work done during m	ON ost of working	15b. KIND OF BU	SINESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT u	se retired.)					
12			SE	CRETARY		GOVE	RNMENT		
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Malder	Surname)		
JOSEPH ALLEN HI	ATT				LETHA	HENDRICKSO	N		
19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street		Route Number, City or Tov		iode)	
STEPHEN L. HAST	Y (SO	N) 3	3501 M	AJESTIC	PINE LAN	ME FATREA	X VIR	GINIA 220	22
20a METHOD OF DISPOSITION 1/ Disposition 3   Rei		20b, PLAC	CE OF DISPO	SITION (Name of ce	metery, cremetory or			ty or Town, State	1.1
1/L/Burial 2 ☐ Cremation 3 ☐ Red 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	P/	ARKI AW	N CEMET	ERY	ROC	KMILLE	, MARYLANI	)
21. SIGNATURE OF BUNERAL SERVICEN	JCENSEE /			22. NAME A	NO ADDRESS OF FA	CILITY			
- 4/	61	0		FRAN	CIS J. CO	DLLINS FUN	ERAL H	OME, INC.	
()our	) ( In	1		500 U	VIVERSITY	BLVD., W.	STL. S	PR. MD. 20	1901
Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	OR AS A CONS		nock	•	100			
resulting in death) LAST	d								
						Part I. 24a, WAS AI		24b. WERE AUTOPSY	
resulting in death) LAST		World	May	acu		Part I. 24a. WAS AI PERFO	RMED?	COMPLETION O	R TO
resulting in death) LAST		World	May	acu		PERFO	RMED?	AMILABLE PRIC COMPLETION O OF DEATH?	R TO F CAUSE
resulting in death) LAST	atrial	World	rela	tia	Cent	PERFO	RMED?	COMPLETION O	R TO F CAUSE
resulting in death) LAST	"eresis	World	rela	lia do se	lest	PERFO	RMED?	AMILABLE PRIC COMPLETION O OF DEATH?	R TO F CAUSE
PART II. Other algnificant condition  Fight  Chyonic  Device  25. Was case referred to medical.	atricul Mejasi	1/su 6:6	ila A	lia se contra co	LACE OF DEATH (CA	PERFO 1 YES	RMED?	AMILABLE PRIC COMPLETION O OF DEATH?	R TO F CAUSE
PART II. Other significant conditions of the con	Con al Alexandre Con al	Volu  66  Olu  ER/Outpatient	ila Ac 3 DOA	Cother:	LACE OF DEATH (Ch	PERFO 1 YES  Deck only one) 6 Other (Specify)	RMED? 2 D NO	AMRLABLE PRIC COMPLETION O OF DEATH?	R TO F CAUSE
PART II. Other algnificant condition  Fight  Chyonic  Device  25. Was case referred to medical.	Con Cul Ne fas  HOSPITAL: 11/2 Inpatient 2 [ 28a. DATE Of (Month, E	ER/Outpetlent F INJURY Day, Year)	New Machine State	26. FO THER:  4   Nursing Hot May 1   May 1	LACE OF DEATH (Ch.	PERFO 1 YES	RMED? 2 D NO	AMRLABLE PRIC COMPLETION O OF DEATH?	R TO F CAUSE
PART II. Other algnificant conditions of the con	Con Cul Nulas  HOSPITAL:  110 Inpatient 2 [  28a. DATE Of (Month, E)  28a. PLACE O	ER/Outpetlent F INJURY Day, Year)	New Machine State	26. FOTHER:  4   Nursing Hot AE OF 28c. IN W	LACE OF DEATH (Ch.	PERFO 1 YES  Deck only one) 6 Other (Specify)	RMED? 2 NO INJURY OCCU	AMRLABLE PRIC COMPLETION O OF DEATH?  1  YES 2	R TO F CAUSE
PART II. Other algnificant conditions of the con	Con Cul Nuclas  HOSPITAL:  11 Inpatient 2 [  28a. DATE (Month, E)  28a. PLACE ( building,	ER/Outpetient F INJURY Day, Year) OF INJURY — At , etc. (Specify)	3 DOA 28b. TIM	26. F.  OTHER: 4   Nursing Hol ME OF MURY M 1   street, factory, offi	ALACE OF DEATH (CA	PERFO 1 YES  1 YES  6 Other (Specify)  28d. OESCRIBE HDW  28f. LOCATION (Street City or Town, State	INJURY OCCU	AMRLABLE PRIC COMPLETION O OF DEATH?  1  YES 2   A A A A A A A A A A A A A A A A A A	R TO F CAUSI
PART II. Other aignificant conditions of the con	Africal New Jak St. 19 Inpatient 2 E. BATE (Month, E. 28e. PLACE (building, SICIAN: To the best of	ER/Outpetlent F INJURY OF INJURY — At , etc. (Specify)	3 DOA 28b. Tih IN.	26. F  OTHER: 4   Nursing Hot ME OF 29c. IN UJRY M 1   street, factory, offi	LACE OF DEATH (CP. The S Residence JURY AT DRK? YES 2 NO Ce e and place, and due	PERFO 1 YES  Deck only one) 6 Other (Specify)  28d. OESCRIBE HDW	INJURY OCCU	AMRLABLE PRIC COMPLETION O OF DEATH?  1  YES 2    A    A    A    A    A    A    A	NO P
PART II. Other aignificant conditions of the con	CSICIAN: To the basia of a	ER/Outpetlent F INJURY OF INJURY — At , etc. (Specify)	3 DOA 28b. Tih IN.	26. F  OTHER: 4   Nursing Hot ME OF 29c. IN UJRY M 1   street, factory, offi	LACE OF DEATH (CP. The S Residence JURY AT DRK? YES 2 NO Ce e and place, and due	PERFO 1 YES  1 YES  Octoor (Specify)  28d. OE\$CRIBE HDW  28f. LOCATION (Street City or Town, Steet	INJURY OCCU and Number or	AMRLABLE PRIC COMPLETION O OF DEATH?  1  YES 2    A    A    A    A    A    A    A	NO NO
PART II. Other algnificant conditions of the con	CALLER ON THE BASIS OF A LIER	ER/Outpetient F INJURY Day, Year)  OF INJURY — At , etc. (Specify)  If my knowledge, examination and/	3 DOA 28b. The IN. home, farm,	26. FOOTHER: 4   Nursing Hot  AC OF   28c. IN  JURY M 1    street, factory, offi  red at the time, dat  on, in my opinion,	PLACE OF DEATH (Change 5   Residence JURY AT ORK? YES 2   NO December 1   NO December 2   NO December 2   NO December 3   NO D	PERFO 1 YES  1 YES  1 YES  1 Other (Specify)  2ed. DESCRIBE HDW  2ef. LOCATION (Street City or Town, State)  to the cause(a) and many time, data and place, a	INJURY OCCU and Number or inner as stated and due to the	ARREADLE PRIC COMPLETION O OF DEATH?  1 YES 2  A A A A A A A A A A A A A A A A A A	NO NO
PART II. Other algnificant conditions of the con	HOSPITAL: 11/2 Inpatient 2 E 28a. DATE (Month, E 28c. PLACE (building, 28c. PLACE (a) NER: On the basis of a 1ER 2 A, M. D. 2000 MER CAN 2 A M. D.	ER/Outpetient F INJURY Day, Year)  OF INJURY — At , etc. (Specify)  If my knowledge, examination and/	3 DOA 28b. TIMEN. home, farm, death occurrior investigation for the second seco	26. FOOTHER: 4   Nursing Hot  AC OF   28c. IN  JURY M 1    street, factory, offi  red at the time, dat  on, in my opinion,	PLACE OF DEATH (Change 5   Residence JURY AT ORK? YES 2   NO December 1   NO December 2   NO December 2   NO December 3   NO D	PERFO 1 YES  1 YES  Octoor (Specify)  28d. OE\$CRIBE HDW  28f. LOCATION (Street City or Town, Steet)  to the cause(a) and many of time, data and place, a	INJURY OCCU and Number or inner as stated and due to the	ARREADLE PRIC COMPLETION O OF DEATH?  1 YES 2  A A A A A A A A A A A A A A A A A A	n TO F CAUSI

3. TIME OF DEATH

12:05

DHMH-16 Rev 1/89

8. BIRTHPLACE (State or Foreign Country)

Maryland

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

Sept.

8,1903

05

IF UNDER 24 HRS.

HOURS

4. SOCIAL SECURITY NUMBER

577-70-6675

LORETTA

Delious

1 🗆 M 2 💢 F

5. SEX

HALL

5. AGE (In yrs. last birthday)

YRS.

87

IF UNDER 1 YEAR

DAYS

pino		9a. FACILITY NAME (# not	Institution, give stre	et and number)		9b. CITY, TO	WN OR LOCATION OF D	EATH	· · · · · · · · · · · · · · · · · · ·	Y OF DEATH			
. 2. 3 should	TOR	PRINCE GEOR	GE'S HOS	PITAL CENT	ER	CHE	/ERLY		PRINC	E GEC	RGE'S		
Pages 1.	DIRECTOR	10e. STATE Maryland	10b. COUNTY	Coorgon	100000	TY, TOWN OR L	OCATION				LINSIDE CITY LIMITS?		
ar.	1	10e. STREET AND NUMBE		Georges	Ade	lphi	101, ZIP CODE		10a CITIZE	N OF WHAT			
it per	FUNERAL						- 1X-W-1						
trans	R	2529 Buckl				Lauma	20783			ed St			
use as the burial-transit permit. Pages 1, 2.	ВУ	1 Never Married 2 3 Widowed 4 Di	Married	12. WAS DECEDENT EVER FORCES? 1 TYPE IF YES, GIVE WAR OR	S 2 NO	If ye	DECENDENT OF HISPA s, specify Cuben, Mexico YES 2 NO Specifi	n, Puerto Rican, atc.)	a or No—	Black, Wh Specify:	American Indian, litte, etc.		
use as	TED		ECEDENT'S EDUCA		18e. DECEDENT'S	work done durin	PATION og most of working	186. KIND OF BU	ISINESS/INDU	STRY			
ned for	TO BE COMPLETED	Elementary/Secondary	(0-12)	College (1-4 or 5+)	Housewife Home								
detach once.		17. FATHER'S NAME (First,	Middle, Last)			18. MOTHER'S NAME (First, Middle, Melden Surname)							
2 %		George Gray Mary Whittington											
5 should		19a. INFORMANT'S NAME	(Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
5 P		Francis H	. Hall,	Sr.	2529	Bucklo	dge Rd., A	delphi, M	arylan	d 207	83		
2 1		Francis H. Hall, Sr. 2529 Bucklodge Rd., Adelphi, Maryland 207  20a. METHOD OF DISPOSITION 1 K Burlel 2 Cremptition 3 Removal from State Of Cemptition 3 Removal from State Of Cemptition 200. PLACE AND DATE DEPOSITION (Name Of Cemptition) 3 Removal from State Of Cemptition 200. PLACE AND DATE DEPOSITION (Name Of Cemptition) 3 Removal from State Of Cemptition 200. PLACE AND DATE DEPOSITION (Name Of Cemptition) 3 Removal from State Of Cemptition 200. PLACE AND DATE DEPOSITION (Name Of Cemptition) 3 Removal from State Of Cemptition									State		
must		4 Donation 8 Oth		an from State	Mt. Olive	t Ceme	tery	5/16/91	Washin	gton,	D.C.		
al di	areas.	21. SIGNATURE OF FUNE	MAL SERVICE LICE			22. NAN	ME AND ADDRESS DF F	CILITY					
he funeral ral.		McGuire Funeral Service, Inc. 7400 Georgia Ave. N.W., Washington, D.C.											
or remova medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or conditions)											
ompletely fille I, cremation, event, the		IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (on As a consequence of the conseque											
incare has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  Item 23 shows any Injury, or other traumatic event, the medical examiner must be nothing a once.	CERTIFICATION	Sequantially list cond if any, leading to imn cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Li	nediata LYING njury c.		B A CONSEQUENCE (			П					
y the attend of Mental		PERFORMED? AMAILAN									RE AUTOPSY FINDINGS		
as been signed by the att bept. of Health and Menta 23 shows any Injury,	: MEDICAL	Renal	Faile	e, In	0-4 B	are Di	1 TYES	2 ND	OF	MPLETION OF CAUSE DEATH? YES 2- NO			
Dept Dept	CIAN:	25. WAS CASE REFERRED		-ain 31	Moone		26. PLACE DF DEATH (C	heck only one)		_			
State (	길	EXAMINENT		HOSPITAL:	terties a 🗆 BOA	OTHER:	CHEST AS A CONTRACT	and the second second					
the the	/ PHYSI	27. MANNER OF DEATH 1 Natural 5	Pending Investigation	28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TI	ME OF 28	c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCL	JRED			
after d	TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm pecify)	, street, factory,	office	28f. LOCATION (Stree City or Town, State		r Rural Route	Number,		
ERAL DIRE n 72 hours T: if Item	COMPLET	anal anny		IAN: To the best of my kn							d manner se stated,		
TO THE FUNERA be filed within 7 IMPORTANT: I	BE CC	29b. SIGH (SORE AND TO	OF CENTIFIER	P.Am	~		29c. LICENSE NO				onth, Day, Year)		
2 8 2	2	30, NAME AND ADDRESS	OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (T-	ne Print) *7 -	1 2 3/	(33)	1 3	1 101	4165		
3		Stuart	urke.	00: 42.M	D	6-	D31	way sc	770	Dr. 3	#430		
		31. DATE FILED (Month, D	.5 '91	32. REGISTRAR'S SI	MANURE PROD	12							

	REGISTRAR		CERTI	FICATE C	F DEATH	REG	i. NO.	1 1	4/01			
	1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF DEA	NTH DAY	YEAR 3	3. TIME OF DEATH			
	George W.	Hunt, Jr.				May 16		YEAR	1:15 PM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday			7. DATE OF BIRT (Month, Day, Y	TH	8. BIRTHPI Country)	LACE (State or Foreign			
	578-01-6243	1 🛣 M 2 🗌 F	72 YRS.	MONTHS DAY	B HOURS MIN.	Oct. 3,	1918		ington, DC			
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOV	N OR LOCATION OF D	EATH	9c. COU	NTY OF DEA	ATH			
5	Collingswood N	ursing Home		Rock	ville		Mon	tgome	ery			
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN	TV.	400.0	TTY, TOWN OR LO	O PTON							
DIRECTOR		ntgomery	100.0	Bethe					IOd. INSIDE CITY			
	100. STREET AND NUMBER	ntgomery		bethe	10f. ZIP CODE		100 CITI		I YES 2 NO			
FUNERAL	5908 Conway Ro	ad			20817			ed St				
Z	11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Spec			- American Indian,			
	1 Never Married 2 X Married	FORCES? 1 X Y	'ES 2 NO	If yes	, specify Cuban, Mexico YES 2 XNO Specif	an, Puerto Rican, e	tc.)	Black, Specify:	White, etc.			
В	3 Widowed 4 Divorced	WW II			TEO I MITO OPPORT	7.		араспу.	White			
	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT	'S USUAL OCCUP	ATION	16b. KIND (	OF BUSINESS/INC	USTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done during use retired.)								
N N	12		Sales	Represe	ntative	Phar	maceuti	.cal				
8-4	17. FATHER'S NAME (First, Middle, Lest)					AME (First, Middle, I						
BE	George William	Hunt, Sr.				Ramsbur						
0	19m. INFORMANT'S NAME (Type/Print) Audrey H. Hunt				Road, Be				0817			
	-											
	20a. METHOD OF DISPOSITION 135 Burlal 2 Cremation 3 Re	moval from State	other place)		cemetery, cremetory or		ec. LOCATION —					
	4 Donation 8 Other (Specify)	ICENSEE	Gate of		Cemetery		Silver S	princ	g, Marylar			
	21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc.											
	Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave. Bethesda, MD 20814-3501  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or respiratory errest,  Approximate											
	iMMEDIATE CAUSE (Finei disease or condition resulting in death)		ation Pne						Onset and Dea			
_			-Infarct		a				8 years			
0	Sequentially list conditions, If any, leading to immediate	DUE TO (OR /	AS A CONSEQUENCE	OF):					1 70020			
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO (OR A	AS A CONSEQUENCE	OF):								
H	Tosailing in coalin Exot	d							+			
	PART II. Other eignificent condition	one contributing to deat	th but not resultin	g in the under	ying cause given in	Part I. 24a. V	AS AN AUTOPSY		WERE AUTOPSY FINDING			
MEDICAL							YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
AED A						_   ' ' '	100 2 (3810		OF DEATH?			
¥	25. WAS CASE REFERRED TO MEDICAL				. PLACE OF DEATH (C							
SIC	EXAMINER?  1 YES 2 X NO	HOSPITAL:	Outpetient 3 🗆 DOA	OTHER:	Home 6 - Residence	6 Other (Speci	(fy)					
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJU (Month, Day, Ye			INJURY AT WORK?		HOW INJURY OC	CURED				
ВУ	1 Natural 8 Pending 2 Accident Investigation	122			YES 2 NO							
	3 Suicide 6 Could not b	28e. PLACE OF INJ building, etc. (	IURY — At home, fam	n, street, factory,	office	28f. LOCATION ( City or Town	Street and Number	r or Rural Ro	ute Number,			
1	4 Homicide determined					2.17 5. 15411						
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of my k	nowledge, death occu	urred at the time,	data and place, and du	e to the cause(a) a	nd manner as sta	ited.				
COMPLETED	anal	IER: On the basis of exemin							and manner as stated.			
	250. SIGNATURE AND TITLE OF CENTIF	ER /	The state of the s		29c. LICENSE NU	MBER	29d, DAT	E SIGNED /	Month, Day, Year)			
BE	sees nil	Immen	ma		D02047				1991			
2	30. NAME AND ADDRESS OF PERSON V	THO COMPLETED CAUSE OF	DEATH (ITEM 27) (%	rpe, Print)	D02047		. 11	.w.j 10	, 1001			
	Joseph D. Connor				Road, Bet	hesda. M	arvland	2081	14			
	31. DATE FILED (Month, Day, Year)			30001111	, 500	- County I	/ Land		- +			
	MAY 20 '91	Tiela Davids	BIGNATURE Mandall									
	MHI LU JI	14										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q 1

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been Signed by the Attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buri	2 ho	IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPIT	ER	in 7	-
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-	ECEDENT'S NAME (First, Middle, Last)  JAMES	T. HAR	RISON				2. DATE OF MONTH May	DEATH DAY	1991	3. TIME OF DEATH
	8-07-2578	5. SEX 1 2 M 2 D F	6. AGE (In yrs. le		F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	?. DATE OF (Month, D	BIRTH	6. BIRT	HPLACE (State or Foreign try) Chigan
94. F	FACILITY NAME (If not institution, give	atreet and number) Avenue	apt -	706		OM A	EATH	9c. C0	UNTY OF	
10a.	STATE 10b. COUNT	ntgom	ery		TAKEN	ITION PA	KK			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	STREET AND NUMBER 7051 CAR	OLL A	VE A	P470		20912		7.5	ITIZEN OF	WHAT COUNTRY?
10	Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		If yes, s	CENDENT OF HISPAI pecify Cuban, Maxica S 2 PNO Specific	n, Puerto Rice		14. RAC Blac Spec	CE — American Indian, ck, White, etc.
E	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of w fe. Do NOT us	USUAL OCCUPAT  rork done during in e retired.)  Offic	ast of working	16b. Kil	ND OF BUSINESS/I	NDUSTRY	Illinois
	ATHER'S NAME (First, Middle, Last) amuel: Harris	on		01100	0111		Me (First, Mide Webbe	die, Malden Surname		TITINOIS
	informant's name (Type/Print) orothy M. Boy	d	1			and Number or Rural				g. Md
21. 8	INGNATURE OF TENERAL BERVICE L	CHARGEE //	11							
IMM	PART I. Enter the phoasos, or shock, ogheart failure. #EDIATE CAUSE/IFinel	List only one car	use on each lir	na.	HIN 118	oda of dying, aud	COUTY LDI F Hamp.	UNERAL Ave S	HOM ilve	r Spring, Approximate interval Between Onset and Deat
Seq if an CAU that	ahock, owneart failure. MEDIATE CAUSE Finei	a. My DUE TO DUE TO C.	use on each lir	LOGE OF	22. NAME HIN 118 not enter tha m	ES/RINA OO New oda of dying, auc	COUTY LDI F Hamp.	UNERAL Ave S	HOM ilve	E r Spring,
Seq if an cau CAL that	ALCOUNT Finel seese or condition witing in deeth)  quantially list conditions, my, feeding to immediate see. Enter UNDERLYING USE (Disease or injury t initiated events	a. DUE TO DUE TO C. DUE TO d.	G C C P M (OR AS A CONSI	EQUENCE OF	22. NAME HIN 118 not enter tha m	ES/RINA OO New oda of dying, auc	LDI F Hamp.  the cerdient	UNERAL Ave S	HOM ilve	E r Spring, Approximate interval Between Onset and Deat
Sequif and CAL that rest	ABDIATE CAUSE Finel eese or condition uiting in desth)  quantially list conditions, my, leeding to immediate ise. Enter UNDERLYING USE (Disease or injury t initiated events uiting in dasth) LAST  RT ii. Other algnificant condition  MAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO  DUE TO	G C C P P O OR AS A CONSI O (OR AS A CONSI	EQUENCE OF	22. NAME HIN 118  not enter tha m  In fa i  Candi  T:  Candi  T:  T:  T:  T:  T:  T:  T:  T:  T:  T	ES/RINA OO New oda of dying, aud oda of dying, a	Part I. 24	UNERAL AVE S C OF reapiratory  SPERIOR OF THE SERVICE	HOMilve arrest,	Approximate interval Between Onset and Deat MJ10%  Years  Were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Seq CAL that rest	AEDIATE CAUSE Finel eese or condition uiting in desth)  quantially list conditions, my, leeding to immediate see. Enter UNDERLYING USE (Disease or injury t initiated events uiting in death) LAST  RT ii. Other algnificant conditions algorithms algnificant conditions algnifica	a. DUE TO b. AUTOUR TO c. DUE TO d	USE ON EACH III	EQUENCE OF TOWNS IN THE INTERIOR INTO THE INTO T	22. NAME / HIN 118 not enter tha m / Fa / Fa / Fa / Fa / Fa / Fa / Fa /	ES/RINA 00 New oda of dying, aud oda of dying, a	Part I. 24  Dock only one)  6 Other (S  286, DESCR	UNERAL AVE S C or respiratory  JEGUE  A. WAS AN AUTOPS PERFORMED?  YES 2 NO	HOM ilve	Approximate interval Between Onset and Deat MJ4UHo  Yeard  WHE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

4203 Weensbury Rd Myattsville MD 20781

transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 23203

	REGISTRAR		CE	RTIFIC	ATE OF	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
	(W) 1/1AM	E. 14	OWARD	71			MONTH 05- 1	L/	9 /	92BA W
	4, SOCIAL SECURITY NUMBER 5		AGE (In yrs. last i		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		A BIRT	HPLACE (State or Foreign
	The second secon	7∑XM 2 ☐ F	28		NTHS DAYS	HOURS MIN.	(Month, Day, Year)	060	Coun	(ry)
			28				Oct 29 1		_	yland
_	9a. FACILITY NAME (If not institution, give street			.91	L CITY, TOWN	OR LOCATION OF DE	EATH	9c. COI	UNTY OF I	DEATH
0	Shady Grove Advent	ist Hosp	ital		Rockvi	11e		M	ontg	omery
5	RESIDENCE OF DECEDENT  10e, STATE 10b, COUNTY			40 - OITH T	OWN OR LOC	T-1011				10d. INSIDE CITY
<u></u>			I			ATION				LIMITS?
9	Maryland Montgo	mery		Rock	ville					XX YES 2 NO
₹	10e. STREET AND NUMBER				1	Of. ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	12 Bradley Court					20851		U.	S.A.	
3	11. MARITAL STATUS	2. WAS DECEDENT E FORCES? 1	VER IN U.S. ARM	ED	13. WAS DI	CENDENT OF HISPAN	IIC ORIGIN? (Specify	Yea or No-	14. RAC	E — American Indien, ck, White, etc.
<b>E</b>	AM	IF YES, GIVE WAR	OR DATES	,		s 20 X NO Specify			Spec	
B	3 Widowed 4 Otvorced					1				White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col		18a, DEC	EDENT'S US	UAL OCCUPAT	ION nost of working	18b. KIND OF	BUSINESS/IN	NDUSTRY	
ᇤ		College (1-4 or 5+)	life, t	Do NOT use n	tired.)	nost of working				
4		4	Gra	phic	Artist	:	Illus	trati	on	
S	17. FATHER'S NAME (First, Middle, Last)					7	ME (First, Middle, Maid			
ζΩ	William Eugene How	ard T				1	Lee Merry	,		
出	19e. INFORMANT'S NAME (Type/Print)	aru r	1 404	*********	ODE00 (0)	and Number or Rural			The Constant	
2	Janet Howard					ine Dr. G				1070
Ė			1 1,	0131	ridgei	The Dr. C	altherso			
	20a, METHOD OF DISPOSITION 1 ☐ Burlet ② Cremetion 3 ☐ Remova	al from State	20b. PLACE O	F DISPOSITI	ON (Neme of a	emetery, cremetory or	15/91 200.	LOCATION -		
	4 Oonetion 5 Other (Specify)		Metro	polit	all Ole	matory	L	exand	ria,	Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE			22. NAME	AND ADDRESS OF FA		01 Fu	nara	1 Home
	► X.E. () July	2	мΩ	0896	10 1	Dear D				rg, MD 20877
	23. PART I. Enter the diseases, or con	mplications that o								Approximate
- 1	sheck, or heert fallure. Lis			itii. Bo not	ontor the h	lode of dying, see	ar au cordiac or re	opiratory a		Interval Between
	IMMEDIATE CAUSE (Final	1/ 0 0		C	1011	1				Onset and Death
- 1	disease or condition resulting in death) e	KAPO	) > ( /	> HK	COMB	<del>*</del>				10 MONTO
		DUE to (O	RASA CONSECU	UENGE OF):		. 0.	(		(	2
z	b.	1+ cq	Juike.	a	) and	Preu	+1C/ER	45	year	140 1040
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (	AS A CONSEC	UENCE OF):		0		_ /		
2	CAUSE (Disease or Injury	QU j	Th	OR	100	Phan	w cyst	5 C	ARIA	111
드	that initiated events	,	H AS A CUNSEU	UENCE UF):	0.1/	0 . 1 . 1	1 /	16.1	-	
	resulting in death) LAST	DN.	e your	1A	1400	X HIL	1 Exce	MAC	Op A	they)
2	PART II. Other significent conditions			WA.	57-11	16 SY	NORO	we		7
EDICAL								AN AUTOPS'	Y 24	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	BACTERENIA	aue	40	TAPI	19/00	to Stap	1 - YES	2 0 Ma		OF DEATH?
W	URINARY TH	201-61	111-65	1100	aux	TO STAP	h, Aureus		- 1	1 TYES 2 NO
ż										
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (Ch	neck only one)			
PHYSICIAN: M	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		THER:	ome 5 🗆 Reeldence	8 Other (Specify)			
主	27. MANNER OF DEATH	28a. DATE OF IN		28b. TIME (		NJURY AT	28d. DESCRIBE HO	W INJURY O	CCURED	
	1 Vatural 5 Pending	(Month, Day,	Year)	INJUR		WORK? YES 2 NO				
B⊀	2 Accident Investigation 3 Suicide & Could not be	28e, PLACE OF	INJURY — At hor	ne, farm, stre	et, factory, of	fice	281. LOCATION (Str.	et and Numt	her or Rura	I Route Number
	3 Suicide 8 Could not be 4 Homicide datermined	building, at	c. (Specify)				City or Town, St			
COMPLETED	an ormania L d									
립	298. CERTIFIER Check only									
8	one) 2 MEDICAL EXAMINER:	On the basis of exam	mination and/or in	vestigation,	In my opinion	, death occured at the	time, date and place	end due to	the cause	(e) end manner ee stated.
	296. SIGNATURE AND THE OF CERTIFIER	11/				29c. LICENSE NU	MBER	29d. D	ATE SIGNE	ED (Month, Day, Year)
H	-IMIN	Malle	( 111	7		1739	-Uncl	<b>&gt;</b>	<-	-14-91
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF DEATH (ITEM	27) (Type P	rint)	1//				, , , , ,
	Michael A. Sauri,					Dr #201	Rockwill.	a MT	208	50
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR		Car O	CHEEL	DI. #201	MOCKVIII	, rm	200.	70
			Davidson	D J. ~						
	MAY 15 '91	Time	ALTER CONTRACTOR	1						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the first after death. Page 6 may be retained by the first most of the function of the first this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at direc.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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inters or other traumatic event, the medical examiner must be netified at once. the design certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN. The two mounts that IN THE FUNERAL DIRECTOR: After this certificate has been signed by the filed within 72 hours after death with the Sans Deut, of Hearth IMPORTANT: If I Iem 28 is marked, or Item 23 signer any in FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME	(First, Middle, Last)								ATE OF C	DA	W	YEAR	3. TIME OF DEATH
Ros	e	K.		Hann	an					13,	199		2:20 P.M.
578-80-16		5. SEX 1 M 2 X F	6. AGE (In yrs. In 79	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS HOURS MIN	7.0	ATE OF B	( Year)	1912	6. BIRTH Country Per	PLACE (State or Foreign v) 1na.
Sa. FACILITY NAME (# Carria	ge Hill	treet and number) Nursing	Home			the	Sda	OEATH				Monte	gomery
Carria RESIDENCE OF 100. STATE NONE	10b. COUNTY	none		Washington, D.C.								10d. INSIDE CITY LIMITS? 1 🔯 YES 2 🗌 NO	
		eet, N.W.		] W	151111	_	2003	6				IZEN OF W	THAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 XWidowed 4	2 Married	12. WAS DECEDEN	T EVER IN U.S. A			if yes, sp	ENOENT OF HIS ecity Cuban, Mes 2 NO Spo	cican, Pu	RIGIN? (Sp arto Rican	pecify Yes			— American Indian, t, White, etc.
15. (Specific Florents of Specific Florents of Spec	DECEDENT'S EDU ly only highest grade ary (0-12)	CATION completed) College (1-4 or 5 -		a. Do NOT u	work done	during mo	ON at of working		16b, KIN		Home		
Patrick r	arrell						18. мотнея з Ма		Furlo		Surname)		
Marie Cou			1				ere Blv						1. 20902
20a. METHOD OF DISP 1 □ Burial 2 □ Cred 4 □ Donation 5 □ 0	metion 3 🗆 Rem	oval from State	other i	olece)			metery, cremetory metery	or				Spri	ng, Md.
21. SIGNATURE OF FUI	NERAL SERVICE LI	CENSEE	10/				ND ADDRESS OF		De				Home D.C.20007
Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death)  PART II. Other sign	onditions, mmediate ERLYING Injury	bDUE TO	MA OF S (OR AS A CONS) (OR AS A CONS)	EQUENCE (	OF):								5 mo.
	nificant condition	na contributing to	death but not	resulting	in the u	nderfyln	g cause given	in Part		PERFOI	100	24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERE	RED TO MEDICAL	HOSPITAL:			OTHE	_	LACE OF DEATH	(Check o	nly one)				
25. WAS CASE REFERF EXAMINER? 1 YES 2 X N  27. MANNER OF DEATH		1 Dipatient 2 Date of (Month, I	INJURY	28b. Ti	4 □ <b>X9</b> u	28c. IN	JURY AT	280			INJURY O	CURED	
2 Accident	Investigation  6 Could not be determined	28a. PLACE ( building,	OF INJURY — At I etc. (Specify)	home, farm,	, street, fac		YES 2 ND			ON (Street own, State)		er or Rural i	Route Number,
Cornect Gray		NCIAN: To the best of s											s) and manner as stated.
296. SIGNATURE AND	13.5	Spring. ?	m.D.				29c. LICENSE D1654						(Month, Day, Year) 4,1991
David S	imon, M.	D., 916	19th S	treet		W.,	#420, W	ashi	ngto	n,D	.C.		
31. DATE FILED (Month)	The second		AR'S SIGNATURE										

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attingence or attingence on the continued of the continued o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use and a part permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Memtal Hyglene prior to burial, cremation, or removal.	IMPORTANT if ham 28 is marked or flem 23 shows any Intury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR		011112 01	C	ERTIF	ICATE (	OF DI	EATH	WEW 154	REG. NO			
1. DECEDENT'S NAME (First, M	iddle, Last)	LEONADI						MONT		AY	YEAR	3. TIME OF DEATH
		LEONARI					JA, JR			1991		0311
1. SOCAL SECURITY DUMPS 2. 14-68-5142 2. X. X. X. X. X. X. X. X. X. X. X. X. X.	XXX	5. SEX 1 2 M 2 - F	6. AGE (In yrs.	YRS.		WS HO	UNDER 24 HRS. URS MIN.	NOV.	of BIRTH h, Day, Year) a 11,	1956	SAI	LISBURY
98. FACILITY NAME (If not institute of DENINSULA RESIDENCE OF DECE	GENI		PITAL		9b. CITY, TO		LISBUR				WICO	
	Ob. COUNT	OMICO			Y, TOWN OR L ALISBU							10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	RTE.	2, BOX	514, B	AILEY	'S LA.	101. ZIP	21801			10g. CIT	USA	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorce		12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U.S 1 YES 2 WAR OR DATES		If ye	s, specify	Cuben, Mexico NO Specif	in, Puerto			1197	E — American Indian, k, White, etc. ÄMERICAN
15. DECED (Specify only h	ENT'S EDU				USUAL OCCU		unchina	161	. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12		College (1-4 or 5 + ZYRS		life. Do NOT u	ART TE			C	AROLIN	E BO	ARD	OF EDUCATION
17. FATHER'S NAME (First, Midd		ONARD HA	RMON, S	R.		18.	MOTHER'S NA		Middle, Maiden		SAMP	LE
196. INFORMANT'S NAME (Type LEONARD		N, SR.		ADDR	ESS SA	ME A	S ABOV	E Num	ber, City or Tox	vn, State, Zi	p Code)	
20a, METHOD OF DISPOSITION 1	3 🗆 Rem	oval from State	20b. PLAC	N CAR	E OF DISPOSI	ORY	PARK	5-	40	LISB		
21. SIGNATURE OF FUNERAL S	SERVICE LI	CENSEE Jole	les				MEMURI RY, MC			RTE	. 2,	BOX 920
Sequentially list condition if any, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	ate G	c	O (OR AS A CONS		Pur	m	opla		0			
resulting in death) LAST	L	d										
PART II. Other algorificent	condition	ns contributing t	o death but no	t resulting	in the unde	rlying ca	use given in	Part I.	24a. WAS AF PERFO 1 TYES	RMED?	24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					26 DI ACI	OF DEATH (C	hack only o	ne)			
EXAMINER?		HOSPITAL:	X EB/Outpatlant	3 🗆 DOA	OTHER:		Residence					F1.170 1 4
27. MANNER OF DEATH		28a. DATE C	F INJURY	26b, TI	WE OF 26	c. INJURY		_	SCRIBE HOW	INJURY O	CCURED	TOTAL TOTAL
L   Househile	ending vestigation		OF INJURY — At				2   NO	201.10	CATION /Street	and Mumb	ar or Oumi	Route Number,
4 Homicide de	ould not be starmined	bullding	s, etc. (Specify)	nome, ram,	arrest, ractory	, 0.1108			or Town, State		# G 7 (G)	nous Purrayos,
one)		ER: On the best of										(a) and menner as stated.
29b. SIGNATURE AND TITLE C	CONTIFIE	m				29	c. LICENSE NI	S 0	7	29d. OA	S SIGNE	14/91
30. NAME AND ADDRESS OF	MYR	R () LL	USE OF DEATH (	0	o, Print) 15BU	kr	m		Inc	enh	A.	CHARO
31. DATE FILED (Month, Day, Ye		3. REGISTI	AR'S SIGNATUR			1				1		

attending physician.	school wise as the burial-transit permit. Pages 1, 2, 3 should	)	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page is may be resumed by the Country of attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral and a should in the completely filled in by the funeral and a should in the completely filled in by the funeral and a should in the completely filled in by the funeral and a should in the completely filled in by the funeral and a should in the completely filled in by the funeral and a should in the completely filled in by the funeral and a should in the completely filled in by the funeral and a should in the completely filled in by the funeral and a should in the completely filled in by the funeral and a should in the completely filled in by the funeral and a should be a should b	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO.		14766
1. OECEDENT'S NAME (First, Middle, Last)  CHARLES	DAVIP	1	ALRIS	2. DATE OF DEATH MONTH D	AY Q'EAF	3. TIME OF DEATH 2/27 M
4. SOCIAL SECURITY NUMBER 222- 24-5375		yrs. last birthday) IF UND WONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  11 - 23 - 4	Cou	RTHPLACE (State or Foreign untry)
9e. FACILITY NAME (If not institution, give	street and number)	9b. CI	TY, TOWN OR LOCATION OF D	1	9c. COUNTY OF	F DEATH
PENINSULA GENERA	L HOSPITAL		SALISBURY		WIC	OMICO
10a. STATE 10b. COUNT			OR LOCATION			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	MICOMICO	SAA	RPTOWN		10g, CITIZEN C	1 YES 2 NO
POB 622			2/86	51	US	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specif	en, Puerto Ricen, etc.)	Bi	ACE — American Indian, lack, White, atc. pecify: WHITE
1s. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			ne during most of working i.)	- ne -x-	SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)		ROO	FER 10 MOTTHER'S N.	AME (First, Middle, Malden		7014
CHARLES FR	ANKLIN HA	ARRIS		E IDA		Bow
19a. INFORMANT'S NAME (Type/Print) RUBY DONOUA		19b. MAILING ADDRI	ESS (Street and Number or Rural BOX 58 B			10000
20a. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	PLACE AND DATE OF DI	SPOSITION (Name or place)  WWW CEMETE	DATE 200, LO	EENWO	r Town, State
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1	12. NAME AND ADDRESS OF FI FLEIS CHAUER POB 502 GR	FUNERA	c Home	E
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Meta gta  OUE TO (OR AS A	CONSEQUENCE OF):	lignant.	Melanom	9	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):				
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
PART II. Other algolificant condition	ons contributing to death bu	ut not resulting in the	undarlying cause given in	Pert I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL						
EXAMINER?	HOSPITAL:	etlent 3 X DOA A DI	26. PLACE OF OEATH (C IER: Yursing Home 5 - Residence	1111 - 00 - w s120-		
27. MANNER OF DEATH  1 Naturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	D
2 Accident investigation 3 Suicide 8 Could not b 4 Homicide detarmined	28e. PLACE OF INJURY	At home, farm, street,	factory, office	281. LOCATION (Street City or Town, State	and Number or Ru	rel Route Number,
anal .	SICIAN: To the best of my knowl					se(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	That ,	м.О.	29c. LICENSE NO		29d. DATE SIGN	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	Marks M.O	ATH (ITEM 27) (Type, Print)	E. Gara.	11 51.	Salis6	lung, mo
MAY 1 4 91	32. REGISTRAR'S SIGNI	ATURE				

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BALTIMORE, MARYLAND 21203

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Strong after death. Page 6 may be retained by the hospital	THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached: In fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN REG. NO		1 14767
1. DECEDENT'S NAME (First, Middle, L THOMAS	ogier	HUTSON			2. DATE OF OEATH MONTH MAY 20, 1	991	3. TIME OF OEATH 9:15 P M
4. SOCIAL SECURITY NUMBER 577-07-9274	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 15,		BIRTHPLACE (State or Foreign Country) SOUTH CAROLIN
99. FACILITY NAME (# not institution, g  AT HOME, GOLDEN	THOMPSON ROA	D	96. CITY, TOWN	OR LOCATION OF D	EATH	ST.	OF DEATH
AT HOME, GOLDEN RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. ST.			TY, TOWN OR LOC VENUE	ATION			10d. INSIDE CITY LIMITS? 1  YES 2 X NO
				or. ZIP CODE 20609		1.12	N OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE: IF YES, GIVE WAR OR	8 2 XNO	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Yeen, Puerto Rican, etc.)		Black, White, etc.
15. OECEOENT'S (Specify only highest   Elementary/Secondary (0-12) 8TH GRADE 17. FATHER'S NAME (First, Middle, Last	College (1-4 or 8 +)	(Give kind of life. Do NOT a	S USUAL OCCUPAT work done during n use retired.)	nost of working	GAS P	LANT	TRY
DR. THOMAS OGLE		10h MAII IM	C ADDRESS /Street	ANNIE	AME (First, Middle, Melder OWENS  Route Number, City or Tox		
JANE AGNES HUTS		P.O.	BOX 15,	AVENUE,	MARYLAND	20609	roay
20s, METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 4 Donation 5 Other (Specify)	Removal from State	SACRED H		emetery, crematory or ETERY			y or Yown, Stata , MARYLAND
21. SIGNATURE OF FUNERAL SERVICE	Larder Larder	ier	MATTI		RDINER FUN		OME, P.A. RYLAND 20650
IMMEDIATE CAUSE (Final disease pr condition resulting in dasth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	d	A CONSEQUENCE OF	0F):				Interval Between Onset and Death  44 Luk  35-44.
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH		but not resulting	In the underlyl	ng cause given ir	1 Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC	HOSPITAL: 1 □ Inpetient 2 □ ER/Ou	doublest 2 DOS	OTHER:	PLACE OF DEATH (C			
27. MANNER OF DEATH  1 St. Netural 5 Pending 2 Accident Investigat	28e. DATE OF INJURY (Month, Day, Year	Y 28b. TII	ME OF 28c. II	HIGH B DE Residence HJURY AT VORK?  YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUI	RED
	28e. PLACE OF INJUI building, etc. (St	RY — At home, farm, pecify)	street, factory, of	ice	281. LOCATION (Street City or Town, State	end Number or	Rural Ploute Number,
anol .	PHYSICIAN: To the best of my known MINER: On the basis of examinat						
296. SIGNATURE AND ACLE OF CERT	. Januar cl	2		DO/	380		00NED (Manth, DW, Mar) -21-91
JOHN F. FENWICE	, MD LE	ONARDTOW	N. MARYI	AND 206	50		
31. DATE FILED (MONTH, Day, Year) MAY 2 2 '91	32 REGISTRAN'S SIG	on-Kandell					

ding physician.	or up the burial-transit permit. Pages 1, 2, 3 should		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the law requires the law requires the law requires the law requires that the law requires the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defined in the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

William	Middle, Last)	Hartse	l	Ни	ylton			2. DATE	OF DEATH H D	12,	1991	3. TIME OF DEATH 10:00	
				8. AGE (In yrs. last birthday) 60 YRS.		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.		7. DATE OF BIRTH			8. BIRTH	8. BIRTHPLACE (State or Foreign Gountry), Virginia	
. FACILITY NAME (# not in 7703 Caris	00	Tho.	96. CITY, TOWN OR LOCATION OF DE			EATH 9c. COUNTY			NTY OF D	r of DEATH Ce George			
nesidence of decedent 106. STATE 106. COUNTY  Md. Prince George					10c. CITY, TOWN OR LOCATION Lawrel							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
7703 Car						101. ZIP C	707				U.S.	WHAT COUNTRY? A.	
. MARITAL STATUS  Never Merried 2 🖔 Widowed 4 🗌 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE	Y YES 2	NO	If y	S DECENDEN es, specify Co YES 2	uban, Maxic	an, Puerto	Y? (Specify Ye Ricen, etc.)	s or No-	14. RACI Blac Spec	E — American Indian, k, Whita, atc. ///y:	
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r FATHER'S NAME (FIRST, M Benjamin	Barrier Co.	on				16. M	other's N		Middle, Maider		. 0,00		
Winifred H	ype/Print)				G ADDRESS (S	Street and Num	nber or Rural	Route Num	ber, City or Tov			20707	
De. METHOD OF DISPOSIT  Burlel 2 Crematio  Donation 5 Other	ION 3 X Ren			ACE AND DAT	Natto	hal Co	, emete	ry 5/	E 20c. LC	CATION -	City or To	own, Stata Virginia	
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LEE	el, Middle, Last)			LEE H	IERNAN	SKY		5 MONT	/19/9	W	YEAR	TIME OF DEATH
4. SOCIAL SECURITY NUM		5. SEX		rs. lest birthday)  N YRS.		1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year) 2/13/1]		8. BIRTHPLAC Country)		ACE (State or Foreign
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10e. STREET AND NUMBE		NTGOMER	ı		CHE					100 CITI		YES 2 NO
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1 X Never Married 2		12. WAS OECEDEN FORCES? IF YES, GIVE V	XXYES :	2 NO S	If yes	specify Cub YES 2 NO	en, Mexica	ın, Puerto		1	Black, V Specify:	Vhite, atc.
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17. FATHER'S NAME (First,	Middle, Last)			F J.1.	lance	_			Middle, Maiden		on o.	E U.N.
		nanskey				1		, ,	a Kara			
19a. INFORMANT'S NAME		-		19b. MAILIN	G ADDRESS (Str	et and Numb	er or Rural	Route Nun	aber, City or Tow	n, State, Zip	Code)	
Jeanne	H. Let	tts		1774	7 Can	dlewo	bod	Teri	race I	Boca	Rate	on, FL
20e, METHOD OF DISPOS		noval from State			TE OF DISPOSIT			OAT	TE 20c. LO	CATION	City or Town	, State
4 ☐ Donation 5 □ Oth	ner (Specify)				Heav	en		5/2	22 Si	lver	Spr	ing, MD
21. SIGNATURE OF FUNES	RAL SERVICE LI	CENSEE		1	Nev Nev	AND ADDA	Fun	era.	L Home	2		
TOH	SIG	Mr.										
23. PART I. Enter the shock, or IMMEDIATE CAUSE (Figure disease or condition	diseases, or heert fellure.	complications the	use on eacl	he death. Do h iline.	not anter the	OS.	lying, suc	risc ch as can	diac or resp			Approximate Interval Between Onset and Dea
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FOR STATE REGISTRAR

	1	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR											
	_ %	Louise May	Hubbard				5	6:25 P					
		4. SOCIAL SECURITY NUMBER	5. SEX	(in yrs. last birthde	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Cour	THPLACE (State or Foreign				
2, 3 should		9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY OF					
	СТОВ	Memorial Host	oital		East	ston Talbot							
Pages 1,	SEC	10a. STATE 10b. COUNT	Υ	10c.	CITY, TOWN OR LOC	ATION							
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t permit.	RAL	10s. STREET AND NUMBER	0.10		1	01. ZIP CODE	2	WHAT COUNTRY?					
cian. Hransi	FUNER	Brooklyn  11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMEO	13. WAS DE	CENDENT OF HISPA	CE — American Indian,						
atterding physician. se as the burial-transit p		1 Never Married 2 Married	FORCES? 1 TYES	2 Alo	If yes, a		an, Puerlo Rican, atc.)	Ble	ick, White, atc.				
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use use	ETE	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind	T'S USUAL OCCUPAT of work done during r IT use retired.)	nost of working	166, KINO OF BU	JSINESS/INOUSTRY					
til.	APL	10		1	20 mest	2							
OF E	COMPL	17. FATHER'S NAME (First, Middle, Last)	2 6			18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)					
2 d B	BE	19a. INFORMANT'S NAME (Type/Print)	STORE	405 44411	DIO ADDRESS (Dec.	H V	ATTIC	nber, City or Tough, State, Zip Code)					
5 shours notified	2	Huttie Ba	naks	190. MAIL	Dell wan	1 1	1111	Mr. State, Zip Code)					
6 may be ector, page must be r		20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Rem			ATE OF DISPOSITIO		DATE 20c. L	OCATION — City or					
		4 Donatton 5 Other (Specify)		Will Col	ms buc			lliamsbu	rg, mD				
e		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME	AND ADDRESS OF FA	ACILITY		1 111				
- 2 cd		23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest,   Approximate											
executed within 24 flours after and completely filled in by the obufal, cremation, or removantic event, the medical	z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. DUE TO (OR AS .	ATIC		ST CAL	CINOMI	1-	Interval Betwee				
be executician and control to burit	ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENC	E OF):								
th certificate ending phys if Hyglene pr or other t	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS	A CONSEQUENC	E OF):								
the dea the att d Menta		PART II. Other significant condition	ns contributing to death	out not resulti			Part I. 24a. WAS A		4b. WERE AUTOPSY FINDING				
equires that en signed by of Health an	: MEDICAL	FROBASIE OI	Hein Cape	Nous	Cytho	MOM	1 TYES	2 (1) NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
2 2 0 0	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	heck only one)						
SICIAN: The certificate h the State E	SIC	EXAMINER?	1 John Patient 2 ER/Out	patient 3 🗆 DO	OTHER: 4 Nursing H	ome 5 🗆 Residence	6 Other (Specify)						
NG PHYSICI fler this cer sath with th marked, o	ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 21 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	26b.	INJURY	28d. OEŞCRIBE HOW INJURY OCCURED  1 YES 2 NO							
TOR: A after de 28 Is	TED	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, fair colly)	rm, atreet, factory, of	fica	el Route Number,						
로 적 전 보	COMPLE	onel	BICIAN: To the best of my know ER: On the basis of examination						e(a) and manner as stated.				
TO THE HOSPI TO THE FUNER be filed within	TO BE C	296. SIGNATURE AND TITLE OF CENTURE	este MO			29c. LICENSE NU	ZS9	≥ 5/	19 ( Year)				
1	F	30. NAME AND ADDRESS OF PERSON W	HAN'S LA	NE	Type, Print	N, MD	2/60/						
		MAY 0 9 91	32. REGISTRAR'S SIG	NATURE	7650								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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OHMH-16 Rev 1/89

note or attending physician.	and Newson In burial-transit permit. Pages	)
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Proving in many the manner by the husball or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determined to the funeral director, page 5 should be determined to the final completely filled in by the funeral death with the State Dent, of Health and Mental Hydiane prior in burial commanden or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND #1215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2

1, 2, 3 should

	1. OECEOENT'S NAME (First, Middle, Last)			67.7	2. OATE OF OEATH		3. TIME OF OEATH			
	DOREAN E. IRV	05 18 91 10,20								
		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	8. BIRTHPLACE (State or Foreign				
	054-40-576210M2XF	43 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 63 - 31-48		New York			
	9e. FACILITY NAME (If not institution, give street and number)	1	9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY				
E I	WASHINGTON ADVENTIS	T HOSP	TAKO	MA PA	4RK	MON	TGOHERY			
5	RESIDENCE OF DECEDENT					<u></u>				
DIRECTOR	Maryland Prince Georges		r, TOWN OR LOC				10d. INSIGE CITY LIMITS?			
		3	Hyatts				1 🖾 YES 2 🗌 NO			
₹	10s. STREET AND NUMBER  3358 -K Toledo Terrace			of. ZIP COOE			OF WHAT COUNTRY?			
ÿ				20782		USA				
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEDENT EVER FORCES? 1 YE WAR OR OR OR OR OR OR OR OR OR OR OR OR OR	S 2 2NO	If yes, t	CENOENT OF HISPAN specify Cuban, Maxica S 24 NO Specify			RACE — American Indian, Black, White, etc. Specify: TTL 4			
B≺	3 Wildowed 4 Divorced						White			
COMPLETED	15. OECEOENT'S EOUCATION (Specify only highest grade completed)	18a. OECEOENT'S	vork done durina r	TION post of working	16b. KINO OF BU	SINESS/INDUST	TRY			
	Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT us	e retired.)							
MP	1-12 College	Financia	al Ald A	Administra	ation	Educat	tion			
8	17. FATHER'B NAME (First, Middle, Last)				ME (First, Middle, Malden					
BE	James Johnson			Caro.	lyn Saunde	rs				
6	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stree	and Number or Rural I	Route Number, City or Tow	n, State, Zip Coo	de)			
-	Carolyn Saunders				w York Cit					
	20s. METHOO OF OISPOSITION 1	PLACE AND DATE	of oisposition	N (Name etery	1	artsdal				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	6	22. NAME	ANO AGORESS OF FA	CILITY					
	· ( lask & W	ison			Funeral H		g, Md. 20904			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  Approximate interval Between Onset and Death  Cardio bulm now y arrest  Oue TO (OR AS CONSEQUENCE OF):  Cardio bulm now y arrest  Oue TO (OR AS CONSEQUENCE OF):  Cardio bulm now y arrest  Oue TO (OR AS A CONSEQUENCE OF):  Cardio bulm now y arrest  Oue TO (OR AS A CONSEQUENCE OF):  Cardio bulm now y arrest  Oue TO (OR AS A CONSEQUENCE OF):  Oue TO (OR AS A CONSEQUENCE OF):  Oue TO (OR AS A CONSEQUENCE OF):  Oue TO (OR AS A CONSEQUENCE OF):									
걸	CAUSE (Disease or Injury	A CONSEQUENCE OF	gcomi	ngurory	arav	rama				
Ē	that initiated events resulting in death) LAST		80/4	4						
8	d	N 6	egva							
	PART II. Other significant conditions contributing to deeth				Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDICAL	Huemia	Imom	poch I	t hanic	1 TYES	NO	COMPLETION OF CAUSE OF CEATH?			
W	Mclabalie	Acide	rus'	0	_	1	1 - YES 2 - NO			
	- Fibraria UT	elus			3.97					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  A  HOSPITAL:		26. OTHER:	PLACE OF OEATH (Ch	eck only one)					
YSI	1 VES 2 NO 1 Inpatient 2 ERVO		4 - Nursing H	ome 5 🗆 Residence	6 Other (Specify)					
	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year  2 Accident Investigation		URY \	NJURY AT YORK? YES 2 \( \square\) NO	28d. OEŞCRIBE HOW	INJURY OCCUR	EO			
) BY	Z Decident	RY — At home, farm,	street, factory, of	lice	28f. LOCATION (Street		Rural Route Number,			
핃	4 Homicide determined	pacity			City or Town, State	,				
COMPLETED	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my kn									
8	2 MEGICAL EXAMINER: On the basis of examina	non and/or investigation	ar, in my opinion	222147						
BE	296. SIGNATURE AND TUTLE OF CERTIFIER			D 17	843	≥ S	GNEO (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type	? 1 1	60.10	Tosh	Vo t	19/91 cyalmela			
	31. DATE FILEO (Month, Day, Ybar) 32. REGISTRAR'S SI		211	wie o	0000	- 1	Typia The			
	MAY 21 '91 Che Deviden	Mandall.								

24 nours after death. Pa e 6 may by remined by the hospi	y filled in by the funeral director, page 5-Should be detached	the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pale 6 (197 ) refined by the hospit	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5-should be detached an example of the funeral director, page 5-should be detached to the funeral of the funeral director, page 5-should be detached to the funeral director and t	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLAN  1 - STATE REGISTRAR	D / DEPARTM			MENTAL HYGIEI	_	1 14772			
	4. SOCIAL SECURITY NUMBER 8. AGE (In yr		Jewe	IF UNDER 24 HRS.	2. DATE OF OEATH MONTH  7. DATE OF BIRTH   (Month, Day, Veer)	13 9	BIRTHPLACE (State or Foreign			
	92 9a. FACILITY NAME (If not institution, give street and number)	439-32-1006 92 YRS. July 19,1898								
DIRECTOR	HOLY CROSS HOSPITAL RESIDENCE OF DECEDENT		MONT	GOMERY  10d. INSIDE CITY						
DIRE	10e. STATE 10b. COUNTY	10b. COUNTY  10c. CITY, TOWN OR LOCATION  Washington, D.C.								
FUNERAL	100. STREET AND NUMBER 2039 New Hampshire Aveune, N.W		101	2000E		U.S	N OF WHAT COUNTRY?			
BY	11. MARITAL STATUS  1  Never Merried 2  Merried  3  Widowed 4  Divorced  12. WAS DECEDENT EVER IN U.: FORCES? 1  YES 2 IF YES, GIVE WAR OR DATES	S. ARMED	If yes, spe	ENDENT OF HISPAI	HC ORIGIN? (Specify Yon, Puerto Rican, etc.)		. RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	ify only highest grade completed) (Give kind of work done during most of working					TRY			
Š	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maide	n Surname)				
BE	John Norris Teunisson 198. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street a		Ellen Fro		ode)			
임	Delores M. Teunisson	2039 Ne	w Hamps	shire Av	e. N.W. Wa	sh. D.	C. 20009			
	1 X Burial 2 Cremation 3 Removal from State of cem	tace and date of tetary, crematory or Lincoln	DISPOSITION other place)	(Name	DATE 20c. L	OCATION — Cit	y or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Joseph	of Gawler	's Sons,	Inc. N.	W.			
	23. PART I. Enter the diseases, or complications that caused the				h as cerdlec or ree		t, Approximate			
	shock, or heert fallure. List only one cause on each IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a condition as a conditi	DPUA	MON	onary ar	HPRE.	72	Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events									
ERT	resulting in death) LAST									
MEDICAL C	PART II. Other algnificent conditions contributing to deeth but		ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PI	LACE OF DEATH (C	heck only one)					
14S	1 YES 2 NO 1 Minpatient 2 ER/Outpetk 27. MANNER OF OEATH 28a, DATE OF INJURY	ont 3 DOA 4	_	ie 5 🗆 Residence	8 Other (Specify) 28d, DESCRIBE HOV	V INJURY OCCU	RED			
	1 Natural 5 Pending (Month, Day, Year)	INJUR	Y WO	PRK? YES 2 NO						
TED BY	2 Accident investigation 3 Suicide 6 Could not ba determined 28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stre	et, factory, offic	•	281. LOCATION (Stree City or Town, Sta	et and Number or te)	Rural Route Number,			
COMPLET	20e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination as									
P BE C	316. BICHATURE AND THE OF CENTIFIER		1	D 0854		≥ 5 S	grante (Myen bay mar)			
5	John Merendino, M.D. 4701 Ran	The state of the s	The state of the s	6 Rockvi	11e, MD.	20852				
- Amari	31. DATE FILED (Month, Day, Year)  MAY 17 91  Guna Davidson	URE								

Pages 1, 2, 3 should

DIRECTOR

10a. STATE

Maryland

10e. STREET AND NUMBER

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

577-01-9901

Virginia

Shady Grove Adventist Hospital

10b. COUNTY

9a. FACILITY NAME (If not institution, give street and number)

Jackson

1 🗆 M 2 🖾 F

Montgomery

6. AGE (In yrs. lest birthday)

YRS.

13146,	executed within
PO. BOX	The state of
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSILIAM. The law requires that the course control in operated within 2
N OF VITA	NG PHYSICIAN: The
DIVISIO	TAL DR ATTENDIA
	TO THE HOSPI

T II	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?	
LONEHAL	10002 Stedwick R		20879		Unit	ed States			
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2XLXNO	If yes, spe	ENDENT OF HISPANIC city Cuben, Mexican, 2XXNO Specify:	C ORIGIN? (Specif , Puerto Rican, etc	y Yes or No-	14. RACE — American Indian, Black, White, etc. Specify: White	
	15. DECEDENT'S EDI (Specify only highest grad	le completed)	15a. DECEDENT'S U	ISUAL OCCUPATIO	CUPATION 16b. KIND OF BUSINESS/INDUSTRY ring most of working				
COMPLE	Elementary/Secondary (0-12) 12	College (1-4 or 5+)		(Give kind of work done during most of working life. Do NOT use relired.)  Homemaker			Own Hom	e	
	17. FATHER'S NAME (First, Middle, Lest) Wade H. Ash	ley, Sr.			18. MOTHER'S NAM	e (First, Middle, Me	17. 435		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street ar	nd Number or Rural Ro	oute Number, City o	r Yown, State, Zip	Code)	
2 ∥	J. Michael Jacks	on	14516	Pioneer	Hills Dr	., Germ	antown,	MD. 20874	
	20s. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rar		20b. PLACE OF DISPOSI other place)	TION (Name of com	netery, cremetory or	20	c. LOCATION — (	Ity or Town, State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L		Pine Grove			M Poho	t. Alry	, Maryland umphrey Fune	
	Michala (	Thills	M00348	Home/F	Rockville	, Inc.,	300 W.	Montgomery 20850-2805	
	IMMEDIATE CAUSE (Final disease or condition	. List only one cause on	each line.	ot enter the mod	de of dying, such	aa cardiac or i	reapiratory arm	Approximate interval Betw	
	resulting in death) a. Due to log as a consequence on								
. 1	disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions.								
2 ∥	Sequentially list conditions, if any, leading to immediate	b. OUE TO (DR A	S A CONSEQUENCE DF)	in	2~	renic	Selev	220	
ICAL CERTIFICATION		c.  DUE TO (DR A)  d.	S A CONSEQUENCE OF)  A CONSEQUENCE OF)  h but not resulting in	): 	,	Part I. 24a. W	IS AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO	
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c.  DUE TO (DR A)  d.	S A CONSEQUENCE OF)	): 	,	Part I. 24a. W	IS AN AUTOPSY	24b. WERE AUTOPSY FIND ANAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
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EU BI PHISICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the conditions of the cause of the conditions of the cause	DUE TO (DR A)  d.  Due To (DR A)  d.  HOSPITAL:    More	S A CONSEQUENCE OF)  S A CONSEQUENCE OF)  The but not resulting in  Dutpatient 3 □ DOA  RY  28b. Time INJU  URY — At home, farm, st	25. PL OTHER: 4   Nursing Home INY M   1   Y	ACE OF DEATH (Chece 5 G Residence 6 URY AT RK?	Part I. 24a. WP PE 1 U YI Ck only one)  5 Uther (Specify 28d. DESCRIBE H	S AN AUTOPSY REORMED?  RES AN NO  OWN INJURY OCCUPANTS  The street and Number	24b. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	
EU BI PHISICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (DR AL  d.  DUE TO (DR AL	Dutpetient 3 DOA RY 28b. TIME INJURY — At home, farm, st	25. PL OTHER: 4   Nursing Home E OF	ACE OF DEATH (Chece 5 GResidence 6 USRY AT RIK? 2 NO	Part I. 24a. WP PE 1 VI VI VI VI VI VI VI VI VI VI VI VI VI	S AN AUTOPSY REORMED?  RES AND NO  OWN INJURY OCCUPANTS  State)	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO  FURED  FURED  OF Rural Route Numbes	
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BE COMPLETED BY PRINCIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions of the co	DUE TO (DR A)  d.  DUE TO (DR A)  d.  HOSPITAL:  1   N   Inpetient 2   ER/O  28a. DATE OF INJUR (Month, Day, Yea  28c. PLACE OF INJUR building, etc. (S)	Dutpetient 3 DOA RY 28b. TIME INJURY — At home, farm, st	25. PL OTHER: 4   Nursing Home E OF	ACE OF DEATH (Chee  S Residence 6  URY AT RKY  (ES 2 NO  and place, and due to	Part I. 24a. Where PE 1	IS AN AUTOPSY REFORMED? ES 2/2/NO  IOW INJURY OCCUPACE and Number State)  Id menner as state to, and due to the	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATHY 1 YES 2 NO CURED or Rural Route Number, add,	
E COMPLETED BY PHISICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions of the co	DUE TO (DR A)  d.  DUE TO (DR A)  d.  HOSPITAL:  1 M inpetient 2 = ER/O  28a. DATE OF INJUR (Month, Day, Yea  28b. PLACE OF INJUR building, etc. (S)  SICIAN: To the best of my kn  ER: On the basia of axamina	S A CONSEQUENCE OF)  S A CONSEQUENCE OF)  In but not resulting in  Dutpatient 3 DOA  Pry 28b. Time Injury — At home, farm, at  Specify)  Towledge, death occurrention and/or investigation	25. PL OTHER: 4   Nursing Home OF   28c. INJI INV M 1   Y treet, factory, office d at the time, date n, in my opinion, do	ACE OF DEATH (Chee  5 Residence  URY AT RK7  FES 2 NO  and place, and due to eath occured at the to  29c. LICENSE NUM	Part I. 24a. Where PE 1	IS AN AUTOPSY REFORMED? ES 2/2/NO  IOW INJURY OCCUPACE and Number State)  Id menner as state to, and due to the	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1  YES 2  NO  BURED  Or Rural Route Number  and, a cause(a) and manner as state  E SIGNED (Month, Day, Year)	
BE COMPLETED BY PRINCIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions of the co	DUE TO (DR AL  d.  DUE TO (DR AL	S A CONSEQUENCE OF)  S A CONSEQUENCE OF)  In but not resulting in  Dutpatient 3 DOA  Pry 28b. Time Injury — At home, farm, at  Specify)  Towledge, death occurrention and/or investigation	25. PL OTHER: 4   Nursing Home E OF 28c. INJU WITHY M 1   W 1 Vereet, factory, office d at the time, date n, in my opinion, de	ACE OF DEATH (Chee  S Residence  URY AT RK?  ES 2 NO  and place, and due to eath occurred at the to 29c. LICENSE NUM  0 8 5 4	Part I. 24a. WP PE 1   1   YI   24a. WP PE   1   YI   24a. WP PE   1   YI   24a. WP PE   26b. One of the cause (a) and one of the cause (a) and one of the cause (a) and one of the cause (b) and one of the cause (b) and one of the cause (b) and one of the cause (c) and one of the cause (d) and one of the cause (e) and on	S AN AUTOPSY RECORMED?  POW INJURY OCC  State)  In Manner as state  In Manner as state  29d. DATE  M.	24b. WERE AUTOPSY FINA AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO  CURED  CURED  CURED  CURED  CURED  CURED  CURED (Month, Day, Year)  CAY 14, 1991	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Rockville

Gaithersburg

10f. ZIP CODE

DHMH-16 Rev 1/89

14773

PM

3. TIME OF DEATH

19:19

10d. INSIDE CITY LIMITS?

1 TES 2XXNO

B. BIRTHPLACE (State or Foreign Country)

Maryland

Montgomery

9c. COUNTY OF DEATH

REG. NO.

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

May 27,1919

BALTIMORE, MARYLAND 7721

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAF

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CER	HILL	AIE OF	DEATH	HEG. NO		
1. DECEOENT'S NAME (First, Middle, Last)	ck )	nser	h	2	dar	2. DATE OF OEATH MONTH D.	8 - 0	YEAR 3. TIME OF DEATH  S=284 M
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest bir		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
578-40-8119	1 💢 M 2 🗆 F	65	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year)	1000	Country)
9a. FACILITY NAME (If not institution, give a			04	CITY TOWN	OR LOCATION OF O	March 26.		TY OF OFATH
Holy Cross Hospi			1		er Spring			ntgomery
RESIDENCE OF DECEDENT	Cal			DITAC	.r opring	,	FIO	iregomery
10a. STATE 10b. COUNT	Υ	1	Oc. CITY, T	OWN OR LOCA	TION			10d. INSIDE CITY
Maryland Mon	tgomery		911	ver Sp	ring			LIMITS?
10e. STREET AND NUMBER	egomery		DII		M. ZIP CODE		T 100 CITIZ	EN OF WHAT COUNTRY?
1220 Blair Mill	Pond				20910		USA	EN OF WHAT COUNTRIT
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	rer Married 2 Married FORCES? 1 YES 2					NIC ORIGIN? (Specify Years, Puerto Rican, etc.) fy:	or No—	14. RACE — American Indian, Black, White, atc. Specify: White
15. OECEOENT'S EDU		16a. DECE	ENT'S US	UAL OCCUPAT	ION	18b. KIND OF BU	SINESS/INDU	JSTRY
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use re		ost of working	D 41	1	
12	Conege (I-4 of 5 +)	Supe	ervis	sor		Railr	oad	
17. FATHER'S NAME (First, Middle, Last)					19 MOTHER'S N	AME (First, Middle, Malden	Sumamal	
							ourselle)	
Patrick Judge						ine Flynn		
19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow		
Elizabeth C. Ju	dge	122	20 Bl	air Mi	II Rd, S	ilver Spri	0,,	
20a. METHOD OF DISPOSITION 1 \( \overline{\text{M}} \) Buriel 2 \( \overline{\text{Cremetion}} \) Cher (Specify)	novat from State	of cemetary, cre	ematory or	other placel		5+20-9 L W		ety or Town, State
21. SIGNATURE OF FUNERIAL SERVICE LI	CENSEE	1		22. NAME A	ND ADDRESS OF F	ACILITY		
- Clark	SW10	4				Funeral H	-	er Spring, MD
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (O	OR AS A CONSEQUE	ENCE OF):	lere	rtic 4	teast	Dis	esso.
CAUSE (Disease or Injury that Initiated events	DUE TO (C	OR AS A CONSEQUE	ENCE OF):				IIIV)	
reaulting in death) LAST	d						_/	
PART II. Other aignificant condition	an contribution to d	lanth hut ant ma	alalma Im i	about a small a mball	an having allow to	Part I. 24a, WAS A		
PART II. Other arginicant condition	to to the total and to to	ooth but not res	ording in		ig couse given ii	PERFO	BMEST	24b, WERE AUTOPSY FINDINGS AAALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINED?	HOSPITAL:	/	1.0	26. I	PLACE OF DEATH (C	heck only one)		
1 NES 2 NO		ER/Outpatient 3 🗆			me 5 🗆 Residence	6 Other (Specify)		
27. MANNER OB-BEATH Natural 8 Pending 2 Accident Investigation	28a. OATE OF III (Month, Day	NJURY 2 ( Year)	Bb. TIME C	Y W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCC	URED
3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF building, at	INJURY — At home tc. (Specify)	, farm, stre	et, factory, off	Ice	281. LOCATION (Street City or Town, State		or Rural Route Number,
TOTAGEN OTHY						e to the cause(e) and me e time, data and place, a		ed. e cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	5.0	1	~6)	)	29c. LICENSE NU	SUC.	29d. DATE	SIGNEO (Month, Day, Year)
30. NAME AND AGORESS OF PERSON W	HO COMPLETEO CAUSE				62150	るところ	216	we no
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	70 1.00						

**DHMH-16 Rev 1/89** 

BALTIMORE, MARYL

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
ELIZABETH A	. JOHNSC	NN	M		- 05		1000	10:45A M
I. SOCIAL SECURITY NUMBER	5. SEX		UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year	)	8. BIRTHP Country	LACE (State or Foreign
212-05-0309	1 M 2 KF	84 YAS.	MINE DATE	MIN.	Oct. 19		Mar	vland
De. FACILITY NAME (If not institution, give a	treet and number)	90	b. CITY, TOW	OR LOCATION OF DE	EATH	9c. COUN	ITY OF DE	ATH
PRINCE GEORGE'S H		CENTER	CHEVE	RLY		PRII	NCE G	GEORGE'S
On. STATE 10b. COUNTY	Υ	10c. CITY, T	OWN OR LO	CATION				10d, INSIDE CITY LIMITS?
Maryland Prince	Georges	Ad	lelphi					YES 2 NO
0e. STREET AND NUMBER			U I	101. ZIP CODE		10g. CITI	ZEN OF WI	IAT COUNTRY?
2609 Hughes Roa	7			20783		I	JSA	
1. MARITAL STATUS  Never Married 2 Married	12. WAS DECEDER	NT EVER IN U.S. ARMED		ECENDENT OF HISPAI specify Cuban, Mexica				- American Indian, White, etc.
Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES TE		ES 2XXNO Specif			Specify	White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S US (Give kind of work	done durina	TION most of working	16b. KIND OF	BUSINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) ilfe. Do NOT use re	etired.)					
1-12		Operato	r			Telep	hone	Co
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Ma.	den Surname)		
William A.	. Jobes				arietta (			
Da. INFORMANT'S NAME (Type/Print)				et and Number or Rural				
Virginia Sher	nkle	8410 E	nglet	on Road,	Easton, N	id. 216	05	
10a, METHOD OF DISPOSITION    Surface   2   Cremation   3   Rem	oval from State	20b. PLACE AND DATE Of cemetary, crematory or	other place)		1	LOCATION —		
□ Donation 8 □ Other (Specify)		Angel Hil	1 Cem	etery 5	-18-91 I	larve d	e Gr	ace. Md.
1. SIGNATURE OF FUNDRAL SERVICE LIC	DENSEE		22. NAME	AND ADDRESS OF FA	CILITY			
V/ Verl	- 111	1141)		s/Rinaldi				
23. PART I. Enter the diseases, or	complications the	at caused the death. Do not						Approximate
ahock, or heart fallure.	List only one ca	use on each line.				Japanatory and	.,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition	D	· · · ·	Pare	. 100010				Onset and Death
resulting in death)	a. H-	Spiration 1	nu	amonia				
Sequentially list conditions,	DUE TO	O (OR AS A CONSEQUENCE OF):						
if any, leading to immediate cause. Enter UNDERLYING	Ca	CON AS A CONSECUENCE OF.	. D.	8	O Tra			
CAUSE (Disease or Injury	c. DUE TO	MELC OUT!	20 67	grunger	1 518	carre	ь	-
that initiated events resulting in death) LAST	D	Vere 6ast o (or as a consequence of): enal Ins	14					İ
	d	enal Ins	cipio	eecy.	· · · · · · · · · · · · · · · · · · ·			
PART II. Other algnificant condition	na contributing to	o death but not resulting in	the underly	ing cause given in		AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
5/2						FORMED?	1 1	AMAILABLE PRIOR TO COMPLETION OF CAUSE
					1   1	S 2 🕅 NO		OF DEATH?
								1 YES 2 NO
S. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (C)	Contraction (Contraction)			
EXAMINER?	HOSPITAL:		THER:	w				
1 TYES 2 NO	28a, DATE O		-	lome 5 Residence				
1 Natural 8 Pending		PF INJURY Day, Year) 28b. TIME ( INJUR	Y	INJURY AT WORK?	28d. DESCRIBE H	JW INJURY OC	COHED	
2 Accident Investigation				YES 2 NO				
3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — At home, farm, atra j, etc. (Specify)	et, factory, o	TTICE	201. LOCATION (St City or Town, S		or Rural Pi	oute Number,
(Check only	ICIAN: To the best of	of my knowledge, death occurred	at the time, d	lete and place, and du	n to the cause(s) and	manner as stat	led.	
(Check only		of my knowledge, death occurred examination and/or investigation,						and manner as stated.
(Check only one) 2 MEDICAL EXAMINI	ER: On the basis of		In my opinio	n, death occured at the	time, data and place	e, and due to 1h	e cause(a)	(Month, Day, Year)
2 MEDICAL EXAMINI 20b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of	examination and/or investigation,	In my opinio	n, death occured at the	time, data and place	e, and due to 1h	e cause(a)	(Month, Day, Year)
(Check only one) 2 MEDICAL EXAMINI  19b. SIGNATURE AND TITLE OF CERTIFIE  10. NAME AND ADDRESS OF PERSON WA	ER: On the basis of	examination and/or investigation,	In my opinio	n, death occured at the	time, data and place	e, and due to 1h	e cause(a)	(Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RICHARD JACKSON 6:00 P MAY 2 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 M M 2 - F NONE YRS. Aug. 23,1989 Texas Rages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Pa. Northumberland Shamokin 1 X YES 2 ND permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 21215-C. Ital of attending physician. 10f. ZIP CODE 404 17872 North Shamokin U.S.A. St. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 WHO Specify: BY 3 Widowed 4 Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet ntary/Se College (1-4 or 5+) NONE NONE at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jerry L. Jackson Rita BE McGhee notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rita Jackson 404 North Shamokin Shamokin, Pa. 17872 Pe METHOD OF DISPOSITION 20b. PLACE ANO DATE OF DISPOSITION (Name OATE 20c. LOCATION - City or Town, State Must 1 & Buriel 2 Cremetion 3 Red 4 Donatton e Other (Specify) Forest 5/6/91 Matthew. N.C. East Cemetery examiner 21. SIGNATURE OF FIMERAL SERVICE LICI 22. NAME AND ADDRESS OF FACILITY W.W. Chambers Co. Inc. 5801 Cleveland Ave. Riverdale, Md. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, 3 Approximate shock, or heert failure. List only one cause on each line. Interval Bety i signed by the attending physician and completely filled in Health and Mental Hygiene prior to burial, cremation, or re Onset, and Death IMMEDIATE CAUSE (Final the diseese or condition 3 resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) loter p Q traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST other OUE TO (OR AS A CONSEQUENCE OF): 10 Injury, PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO has been s Dept. of H 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

YES 2 NO 26. PLACE OF DEATH (Check only one) r this certificate has h with the State Darked, or Item HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 5 Residence 8 Other (Specify) 27. MANNER OF DEATH Month, Day, Year 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO 2 Accident
3 Suicide BY Dayce FUNERAL DIRECTOR: After within 72 hours after death 281. LOCATION (Street and Number Sity or Town, State) 28e. PLACE OF INJURY -40 8 Could not be COMPLETED TO THE HOSPITAL OR ATTEND TO THE FUNERAL DIRECTOR: be filed within 72 hours after (IMPORTANT: It tem 28 is 4 Homicide determined a. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OR CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0440 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. 31. DATE FILED (Month. Day, Year) 32. REGISTRAR'S SIGNATURE Gulie Davidson Randelle

2

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 66760.

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

DHMH-18 Rev 1/89

BALTIMORE, WARYLAND 21215-0020	eretailed by the hospital or attending physician.	should be opticitied for use as the burst-transit permit. Pages 1, 2, 3 should	)	notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be man be promised by the program or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pagi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 91 14777 CERTIFICATE OF DEATH REG. NO.								14777		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE MONTE			AR	TIME OF DEATH
	JERRY L.	5. SEX	6. AGE (In yrs.		KSON IF UNDER 1	wa.a. I .a.	UNDER 24 HRS.	4	OF BIRTH			:13 PM
	121-44-9738	1 M 2 F	O. MOLE (III YIS	YRS.	-		URO MIN.		n, Dey, Year)		Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	48	ROUTE 4	220	9b. CITY. 1	TOWN OR L	OCATION OF DI		C4, 15	953 9c. COUNTY		*
E				. •						ALLEG		
25	EASTROUND 0.1 Mil		OWN C			N CRE	EK			ALLEG	ANI	
BE	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWH OR		_					LIMITS?
9	N.C. MEC	KLENBURG			CHAI	RLOTT						YES 2 NO
FUNERAL DIRECTOR	7324-107 CREEK	TIOOD OIIA	QU MO			10f. ZIP	28212			10g. CITIZEN	S.A.	COUNTRY7
N.	11. MARITAL STATUS	12. WAS DECEDEN		ARMED	13. W		ENT OF HISPAI	NIC ORIGIN	l? (Specify Yes			American Indian,
F	1 Never Married 2 Married	FORCES? 1.	YES 2	□ NO	If	yes, specify	Cuban, Mexica NO Specif	n, Puarto I			Black, WI Specify:	
BY	3 Widowed 4 Divorced	ACTI	VE DUI	Y					- 1			HITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a.	Give kind of	work done du	CUPATION uring most of	working	16b	. KIND OF BUS	INESS/INDUST	TRY	
) LE	Elementary/Secondary (0-12)	College (1-4 or 5+	)	life. Do NOT u	DIER				TF	S. AR	aru.	
MIC	17. FATHER'S NAME (First, Middle, Last)			100	אשונער	18	MOTHER'S NA	MF (First )			MI	
	GEORGE L.	JACKS	ON				MARTI		WENI	and the same		
BE (	19a, INFORMANT'S NAME (Type/Print)		Ī	19b. MAILING	D ADDRESS	(Street and A	lumber or Rural	Route Num	ber, City or Town	, State, Zip Co	de)	
10	MARY MAY			310	HOI	LT A	VE., M	r. si	ERLING	KY.	404	56
	20e. METHOD OF DISPOSITION 1 1 Duriel 2 Cremetion 3 Rem	oval from State		ACE AND DAT	E OF DISPO	SITION (Na	me	OAT	E 20c. LOC	CATION — City	or Town,	State
b)	4 Donation 5 Other (Specify)		FOR	EST E	AST CE	EMETE			_ MA	TTHEW	. N. C	).
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. N	IAME AND A	DDRESS OF FA	CILITY				
	M.M. Cha	mbers	au	M0009	91 W.	. W. (	CHAMBE	RS CC	)., RIV	ERDALI	E, MI	20737
	shock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	MULT	IPLE (OR AS A COR	大	NJURIH OLU (C	is it						interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST	d			-							
MEDICAL	PART II. Other significent conditions contributing to dea			V					PERFOR	PERFORMED?  YE YES 2 NO OF DEA		RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \( \bigcap \) NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 DI ACC	OF DEATH (C)	hank only -	nel		L	
S	EXAMINER?	HOSPITAL:	ER/Outpaties	w 2 □ 00A	OTHER	1:						
¥	27. MANNER OF DEATH	20a, DATE OF	INJURY	26b, TII	ME OF	28c. INJURY	AT Residence		SCRIBE HOW I	STREET		VER
BY P	1 Netural 5 Pending	(Month, D		1000	OP M	WORK?	2X NO	AUT	O-AUTO	IMPAC	CT	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	FINJURY — A atc. (Specify) EET	At home, farm,	street, facto	ory, offica			M. LOCATION (Street and Number of Rural Poute Number, City or Yown, State) ROUTE 48				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS							e to the ca	use(s) and mer	nner as atated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	rella	ll	MD			c. LICENSE NU C.M.F			29d. DATE S  ▶ 4-2		onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	S. LCOR	SE OF DEATH	(ITEM 27) (Typ		ll PEN	IN ST.	BALT	IMORE,	MD. 2	21201	
- 1	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	R'S SIGNATUI	RE	NA.							

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ALENDING PRINCIPAL THE LAW TEMPHES USE THE DESCRIPTION SHOWING AT THE LAW LEGALITY.	CTOR: After this certificate has been signed by the attending physician and completely filled in by the Juneral attended by the Juneral attended be detact	s aft	

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		ENTAL HYGIEN REG. NO	_	14778	
	1. DECEDENT'S NAME (First, Middle, Lest) BERTHA H.	KRYZ				MAY 16,	1991	3. TIME OF DEATH 9:25 A. M	
	4. SOCIAL SECURITY NUMBER 219-42-2731	1 🗆 M 2 💢 F 9	2 YRS.	IF UNDER 1 YEAR HONTHS DAYS	HOURS MIN		898 N	ATHPLACE (State or Foreign Suntry) (aryland	
TOR	98. FACILITY NAME (If not institution, give a Fernwood House RESIDENCE OF DECEDENT	nwood House				·H	Montg	omery	
DIRECTOR		y gomery		TOWN OR LOCAT Sington	ION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4209 Glenrose St	reet	20895		2.57	ed States			
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	if yes, spe	ENDENT OF HISPANIC city Cuben, Mexican, 2 NO Specify:		or No 14. F	ACE American Indian, Black, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest gradu Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo lite. Do NOT use Housewi	rk done during mo: retired.)	ON st of working	Own Ho		TY .	
COM	17. FATHER'S NAME (First, Middle, Last)					(First, Middle, Melden	Surname)	_	
BE	Charles  100. INFORMANT'S NAME (Type/Print)	Heitmu		DODESS (Street o	LOUISE	the Alexander City or You	Heider		
2	Eleanore L. Alde	rs			St, Wood			,	
	20s. METHOD OF DISPOSITION 1 💢 Buriel 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗀 Other (Specify)	noval from State	other place)	rklawn (	Cemetery	Roc	kville,		
	21. SIGNATURE OF FUNERAL SERVICE LE	B. Uld	M00827	22. NAME AN Rapp 933 (	Funeral : Gist Ave,	Services, Silver S	P.A.	MD 20910	
	23 PART I. Enter the diseases, or shock, or heart fallure.	complications that cause List only one cause on	ed the deeth. Do no each line.	t eiter the mo	de of dying, auch	as cardiac or reap	iretory arrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cong	stine A	feirt	failur	state	reclabel	Onset and Death	
NOI	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF)						
CER		d						<u> </u>	
: MEDICAL	PART II. Other algorificant condition	na contributing to deeth	but not resulting in	the underlying	Le underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO COMPLET OF DEATH  1 YES				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.PL	ACE OF DEATH (Chec	k only one)			
IASI	1 TYES 2 MO	1 Inpetient 2 ER/Ou	ripatient 3 DOA	4 D Nursing Hom	e 5 Residence 6	Other (Specify)	IN HIRV OCCURE	0	
ву Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)			YES 2 NO	red. DESCRIBE NOW	MOORT OCCORE		
ETEO E	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, at hecity)	reet, factory, offic	•	261. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)			
COMPL	one) MEDICAL EXAMIN	BICIAN: To the best of my kno ER: On the basis of exeminat		4				use(a) and manner as stated.	
BE	250. SONOTHINE AND TITLE OF CERTIFIE	hygera	ed Mu		10 - 19	948	≥ 5 /	MED (Month, Day, Year)	
10	30 NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF E	DEATH (ITEM 87) (Type,	Print) B	ethist	amd.	1	/	
	31. DATE FILED (Morith, Day, 16ar) MAY 20 391	32. REGISTRAR'S SIG	Panda 92						

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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🛶 wours after death. Page 6 may be retained by, the homeing	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaining in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at Object.
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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAR CERTIF	RTMENT	OF H	EALTH DEAT	AND I	MENT	AL HYGIENI REG. NO.	E	91	14//9
	1. DECEDENT'S NAME (First	, Middle, Last)	JACOB	KAUF						MON			YEAR	3. TIME OF DEATH
- 3	4. SOCIAL SECURITY NUMBER		5. SEX		s. last birthday)	IF UNDER	1 VEAD	IF UNDER	34 MRG	Ma	y 20	19		0800 M  IPLACE (State or Foreign
	212-03-17		1 🔀 M 2 🗌 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.		rith, Day, Year)	03	Countr	nio
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY,	, TOWH (	OR LOCATI	ON OF DE	ATH		9c. ÇOU	NTY OF D	EATH	
DIRECTOR	417 Edlon Park			L	(	Camb	rid	ge			Dorchester			
EC	10a. STATE	10b. COUNT	Υ	10c. CITY, TOWN C										10d. INSIDE CITY
- 1	MD.		Dor.	or.			_	nrid						XYES 2 NO
FUNERAL	10e. STREET AND NUMBER		dlon Pa	rk			101	2 zip coo	€ 1613	3			U.S.	WHAT COUNTRY?
Ž	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.	S. ARMED	13.	WAS DEC				GIN? (Specify Yes		14. RAC	E - American Indian,
								k, White, atc.						
BÁ	3 Widowed 4 Dive	proed												"white
	15. DEC (Specify on	DEDENT'S EDU ly highest grade	CATION completed)	16	Give kind of	work done	CCUPATION OF THE COURT OF THE C	ON ast of worki	ing	1	6b. KIND OF BUS	SINESS/IN	DUSTRY	
LET	Elamentary/Secondary (	0-12)	College (1-4 or 5	+}	ille. Do NOT u			.aor			200	1 0	stat	
COMPL	1 1	Atalah (a)	4		offi	ce ii	ldIIc			ME CEL	I, Middle, Maiden		Sta	LE
_			ard Kau	ffman				16. MOI	HEN S NA		lara S		e ] A1	
BE	19a, INFORMANT'S NAME (		ilu nau	LIMan	V	G ADDRESS	S (Street	and Numbe	r or Rumi i		umber, City or Tow			
2	Luci G. H		nan								bridge			1613
	20a, METHOD OF DISPOSIT			20b. Pf	LACE OF DISPO	SITION (No	ame of ce	metery, crea	matory or		20c. LO	CATION -	- City or Ti	own, State
	1 Burial Continue 6 Other	on 3 □ Ram r (Specify)	noval from Stata	_ or	Salis	bury	Ci Ci	cema	tory	Y	Sal	isb	ury	Md.
	21. SIGNATURE OF EUNER		- 1	0		22.	NAME A	ND ADDRE	ESS OF FA	CILITY	Thomas	F11	ner	al Home
	> Kens	ettk	Thom	no of	pr	70	00 т	ocu	st s					d. 21613
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (OR AS & CONSEQUENCE OF):  Due To (OR AS & CONSEQUENCE OF):  Due To (OR AS & CONSEQUENCE OF):  Due To (OR AS & CONSEQUENCE OF):  Due To (OR AS & CONSEQUENCE OF):  Due To (OR AS & CONSEQUENCE OF):													
ERT	resulting in death) LAS	ST	d											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO   NO   NO    1   YES 2   NO   YES 2   NO							AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
A	25. WAS CASE REFERRED	TO MEDICAL					26. F	LACE OF	DEATH (C	heck only	y one)			
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpati	ent 3 DOA	OTHE 4   Nu		me 5 🗆 F	Residence	6 🗆 0	Other (Specify)			
H	27. MANNER OF DEATH		26a. DATE O	F INJURY	26b. TI	IME OF	28c. IN	JURY AT			OESCRIBE HOW	INJURY O	CCURED	
		Pending Investigation	(Morten,	Day, Year)		NJURY M		YES 2	□ NO					
TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined		OF INJURY — J, etc. (Specify	Al home, farm	, street, fac	ctory, offi	ce			OCATION (Street City or Town, State		er or Rural	Route Number,
COMPLETED	(Check only — —		SICIAN: To the best of											(a) and manner se stated.
BEC	296. SINGLATURE SOND TITS	TE OF GENTREI	ER					29c-LH	CENSE NU	MBER	, D	29d. D/	ATE SIGNE	D (Month, Day, Year)
0	72 × 50	11	M					1	120	3 /	1		5/	20/71
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31. DATE FILED (MOOTE DOY, MAY) 91 32. REGISTRAB'S SIGNATURE  Julia Day dison-Pandate														

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by unscribed within 24 in	VERAL DIRECTOR: After this certificate has been signed by the attending the completely filled
7	F	r this
5	DING	Afte
2	ALTEN	CTOR
5	R	DIR
	SPITAL	JERAL

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENE REG. NO.	91 14780
	1. DECEDENT'S NAME (First, Middle, Last)  I LL R. Ad	elaide Le				2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-42-0852	5. SEX 6. AGE (III	73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-6-1917	6. BIRTHPLACE (State or Foreign Country) Maryland
DIRECTOR	9a. FACILITY NAME (If not institution, give str Washington Cou RESIDENCE OF DECEDENT		R LOCATION OF DE		Washington		
	10a. STATE 10b. COUNTY Maryland Fre 10a. STREET AND NUMBER	derick		r, TOWH OR LOCAT		10g.	10d. INSIDE CITY LIMITS? 1 YES 2 NO CITIZEN OF WHAT COUNTRY?
BY FUNERAL	11943 Wolfsvil  11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	Le Road  12. WAS DECEDENT EVER IN FORCES? 1 YES GIVE WAR OR DA	2 NO	II yee, sp		IC ORIGIN? (Specify Yea or No., Puerto Rican, etc.)	U.S.A.  14. RACE — American Indian, Black, White, atc.  Specify: White
COMPLETED B	1s. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of waithe. Do NOT use Homen	vork done during mo e retired.)	N at of working	Own Hom	
BE COM		mith			Annie	ME (First, Middle, Maiden Surnen Estella Le	atherman
10	19a. INFORMANT'S NAME (Type/Print)  Clarence W. Le			Wolfs	ville R		ille, MD 21773
	1  Burlal 2  Cremation 3  Remoted Donation 5  Other (Specify)  Care Signature of Funeral Service Lice	S	emetary, crematory t . Mark	S Luth	eran Ce	Wolfs Wolfs	ville, Maryland 504 Main St. Myersville,MD
CERTIFICATION	23. PART I. Enter the diseases, or cahock, or helert felture. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE/TO (OR AS A	CONSEQUENCE OF	n: / Cc		e condi	Interval Between Onset and Death
MEDICAL	PART II. Other significent condition  A Provious Str		ut not resulting	in the underlying	g cause given in	Part I. 24a. WAS AN AUTON PERFORMED?  1  YES 2	AMAILABLE PRIOR TO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 YES 2 NO	HOSPITAL:	etlent 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch	eck only one)  6  Other (Specify)	
ВУ	27. MANNER OF DEATH  1 Newfral 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. DATE OF INJURY (Month, pay Med) S 28s. PLACE OF INJURY building, etc. (Speci	At home, farm, in	street, factory, offic	PRK?	28d. DESCRIBE HOW INJURN 28f. LOCATION (Street and Nu- City or Town, State)	-home
COMPLETED	Charles Committee Committe		edge, death occurr	ed at the time, data		to the cause(a) and manner a	a stated. to the cause(a) and manner as stated.
TO BE C	29b. SIGNATURE AND PTILE OF CERTIFIE	102	>		D 26	#BER 29d.	DATE SIGNED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	DCIK (Y	SII A	re He	ypoku	OY < 15 CM .
		Julia Davidson	-Mandall				

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1843 wolfsvileld. Mest

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, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires in the count of the executed within 2- nours after death. Page 6 may be retained by the hospital or attending physician.	centificate has been up an amending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit permit. Pages 1, 2, 3 should in the State Dept. of Health Terman Majers prior to burtal, cremation, or removal.	int, the medical examiner must be notified at once.
OX 13146	te be executed v	sictan and comp prior to burlal, c	traumatic ev
	100	£ 0	her
P.O. B	South cortific	mai Hygien	ry, or of
JOHDS, P.O. B.	a Mark Sugh certific	light to the thanding lessts the sale to t	ws any Injury, or of
AL REGORDS, P.O. B.	The law requires the fact doubt cartific	e has been signed by the flanding of the Dept. of Health Elemental Hydien	m 23 shows any Injury, or of
OF VITAL RECORDS, P.O. B.	HYSICIAN: The law requires the count count contribution	his certificate has been upon the manning physician and completely filled in by the with the State Dept. of Health Terrenation, or removal.	ked, or Item 23 shows any Injury, or of
ISION OF VITAL REGORDS, P.O. B.	ETENDING PHYSICIAN: The law requires the fault certific	CTOR: After this certificate has been up at by the amount of after death with the State Dept. of Health	28 is marked, or Item 23 shows any Injury, or of
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL OR ATTENDING PHYSICIAN: The law requires the design certific	TO THE FUNERAL DIRECTOR: After this certificate has been used by the filed within 72 hours after death with the State Dept. of Health	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF N				F HEALTH AND I		GIENE	91	14781
j	1. DECEDENT'S NAME (First, Middle, Last)	1	-/	Lac	w.	Sr.	2. DATE OF DE	ATH DAY 25	1991	3. TIME OF DEATH 815 AM
	4. SOCIAL SECURITY NUMBER 214-16-0499	5. SEX 1 [X] M 2 [] F	6. AGE (In yrs. 69	YRS.		AYS HOURS MIN.		3,1921	Ma	ryland
TOR	se. FACILITY NAME (If not institution, give s Washington Co. Ho RESIDENCE OF DECEDENT					rs town	EATH		lashin	
DIRECTOR	10s. STATE 10b. COUNT	ington Smithsburg							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
VERAL	Rt. 1 Box 441					101. ZIP CODE 21783		-	USA	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	Y YES 2		If y	S DECENDENT OF HISPAI es, specify Cuben, Mexice YES 2 X NO Specif	n, Puerto Ricen,		- 14. RACI Black Speci	E — American Indien, k, White, etc. "/y:" White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)			DECEDENT'S (Give kind of life, Do NOT L	rae retired.)	UPATION Ing most of working hinist		of Business	INDUSTRY	
BE COME	17. FATHER'S NAME (First. Middle, Last)  Elmer Charles Law	)			Mac	16. MOTHER'S NA		Melden Sumem		
TO B	190. INFORMANT'S NAME (Type/Print) Betty J. Law			Rt.	1 Box	Street and Number or Rural 441 Smith	Route Number, Chr. Sbwrg, M1	or Town, State, 21783	Zip Code)	
	20a. METHOD OF DISPOSITION 1		Smu	ce of dispo (place) ithsbu	vrg Cr	ematory or ematory or ematory or all the same and adoress of FA		Smith.		
	Tennis	2.h	av	0	R.t.	is Funeral	Smithshi	urg MD	2178	
	Approximate shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition)  Avvest  Avvest  Minutes  Minu								Interval Batween Oneet end Death Minutes	
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  CONGESTIVE CAVALIO MY OPUTATY  SUBJECT:  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PREVIOUS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 ONO	HOSPITAL:	☐ ER/Outpetien	t 3 🗆 DOA	OTHER:	28. PLACE OF DEATH (C		clfy)		
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		Day, Ybar)		M	6c. INJURY AT WORK? 1 YES 2 NO		YRULMI WOH B		
ETED	2 Accident 3 Sulcide 8 Could not be determined  26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Route Number,		
COMPL	CONTROL ONLY					e, date end place, end du				(e) and manner as stated.
TO BE	30, NAME AND ADDRESS OF PERSON W	been	BE OF DEATH	(TEM 27) (7)	1. D.	DILLO	73	•	Mhs.	25 1991
	Charles  31. DATE FILED (Month, Day, Man)	Spen	AR'S SIGNATUR	//	198	Kenly.	tue,	Hage	evito	wn Md.
	MAY 28 '91	1 4	whia David	bon-Ad	ndell					

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
sxaminer must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified '\$1 once.
· · · · · · · · · · · · · · · · · · ·	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detacted.

1 -	STATE REGISTRAR			ATE OF DE		REG. NO.			
1.1	DECEDENT'S NAME (First, Middle, Las	" JOH!	N LEBKIC	HER		2. DATE OF DEATH	4-91 YEA	3. TIME DE DEATH	
100	SOCIAL SECURITY NUMBER 77-22-7634	5. SEX 6. AGE	2 YRS. MO		UNDER 24 HRS.	7. DATE OF BIRTH  1 (Manth Pay, Year)  1 19	Co	RTHPLACE (State or Foreign unity) W York	
10: 10:	THE BUILDING	CILITY NAME of DOC AND ADDRESS OF THE PROPERTY OF DEATH ROCKVILLE MONTGO							
104	STATE 10b. COU	in lontgomery						10d. INSIDE CITY LIMITS?	
100	STREET AND NUMBER		101. ZIP	CODE	70		1 □ YES X□ NO ZEN OF WHAT COUNTRY?  USA		
11.	9811 Brassie MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES				IC ORIGIN? (Specify Yes	or No.— 14. R	ACE — American Indian, llack, White, etc.	
. (1	Never Married 2 Merried Widowed 4 Mivorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YES 2 💆	<b>₹NO</b> Specify.			pocHy: White	
	15. DECEDENT'S E (Specify only highest gri Elamentary/Secondary (0-12)		160. DECEDENT'S US (Give kind of work life. Do NOT use in Edito	t done during most of stired.)		Nation	al Cat	tholic	
	FATHER'S NAME (First, Middle, Last) Vellington Al	fred Lebkio	cher	18.	MOTHER'S NAM	News S ME (First, Middle, Maiden leleine K	Service Surname) Kelly		
194	informant's Name (Type/Print)  Anne C. Lebki		19b. MAILING AD	DRESS (Street end N	umber or Rural R	Noute Number, City or Tow	n, State, Zip Code, nersbui	rg, MD/2087	
20	n. METHOD OF DISPOSITION  Burlel 2 XCremetton 3 R	20	b. PLACE OF DISPOSITI	ON (Name of cemeter	v. crematory or	20c. LO	cation – city o	r Town, State	
-	SIGNATURE OF FUNERAL SERVICE	LICENSER	Sun	22. NAME AND A SNOW!	DEN FU	NERAL HO	•	.A.	
II.	B. PART I. Enter the diseases, on abook, or heart failured in the control of the	Metastaw		g Cance:		n as cardiac or reap	iratory arrest,	Approximate interval Between Onset and Death A MONT	
If Ci	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b.  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):								
P	Cerebovasus Coronany	lav Diseas	_	the underlying ca	use given in	Part I. 24e. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO	
25	WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO	HOSPITAL:		26. PLACE OTHER:    Nursing Home 5	OF DEATH (Ch				
27	MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		OF 26c. INJURY WORK?	AT	28d. DESCRIBE HOW	INJURY OCCURE	D	
	3 Suicide 6 Could not 4 Homicide determined	be building, etc. (Sp.	(Y — At home, farm, streecify)	eet, factory, office		26f. LOCATION (Street City or Town, State		ural Route Number,	
29	onet only	IYSICIAN: To the bast of my kno IINER: On the basic of examinat						use(a) and manner as stated.	
29	SIGNATURE AND TITLE OF CERTI	In Mo		29	C. LICENSE NUI	MBER 35	29d. DATE SIG	NED (Month, Day, Year)	
1	NAME AND ADDRESS OF PERSON	12 MO	EATH (ITEM 27) (Type, PI	Medical	Park	D- 50	her S	Way Md	
31	MAY 17 91	33/HIGGISTHAM'S SIG		•	,			20902	

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the properties of the	thon, or removal.  the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, R.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the American be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the american physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-train	be filed within 72 hours after death with the State Dept. of Health and Merital Physiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any infulfy, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	D MENTAL HYGIENE REG. NO.	14703
1	1. DECEDENT'S NAME (First, Middle, Last) H. WALTER LANHAM	2. DATE OF DEATH DAY	YEAR 5 55 AM
2	4. SOCIAL SECURITY NUMBER 5. SEX 1	RS. 7. DATE OF BIRTH (Month, Day, Year)	BHYTHPLACE (State or Foreign Country)     LLS A  COUNTY OF DEATH
DIRECTOR	Holy Cross Hospital Silver Spri	000	nont gomery
	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Silver Spring	4	10d. INSIDE CITY LIMITS?  1 7ES 2 NO
FUNERAL	9206 Summit Rd 209	109.	CITIZEN OF WHAT COUNTRY? USA
B		SPANIC ORIGIN? (Specify Yea or No- exican, Puerto Rican, etc.) pecify:	14. RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  ADMINISTRATIVE ASSISTA	16b. KIND OF BUSINESS	
BE COM	17. FATNER'S NAME (First, Middle, Last) HERMAN R. LANHAM FLO	S NAME (First, Middle, Maiden Surnam ORENCE M. THOMP	SON
0		iural floute Number, City or Town, State ILVER SPRING, MA	
	20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  21. SIGNATURE OF FUNERIAL SERVICE LICENSEE	5/18 UPPERV	ILLE, VIRGINTA
	FRANCIS J. O	COLLINS FUNERAL	L.SPR.,MD.20901
	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CARDIPULM ON ARY  DUE TO (OR AS A CONSEQUENCE OF):  CORDINARY ARTERY		interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. CORONARY ARTERY  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	PISEASE	
ÄL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause gives  ABDOMINAL ADRTIC ANEURYS M  COLON CARCINOMA	n in Part i. 24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	once 6 Other (Specify)  28d, OE\$CRIBE HOW INJURY	OCCURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at		
TO BE (	295 SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE  D-	ENUMBER 29d. ▶	DATE SIGNED (Month, Day, Year) 5   15   9
	8. TV enan MD 11119 ROCKVILLE PIKE # 208, R	DCKVILLE M	020852
	MAY 1 7 1991 Su Laurdson-Randalle	27	

DIVISION OF VIEW PACKAGES, T.O. DOX 00.00,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the triangular processor completely filled in by the funeral director, page 5 should be detached to the following the funeral director, page 5 should be detached to the following the foll	be filed within 72 hours after death with the State Dept. of health are property of the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumate event, the medical examiner must be notified at once.	
	12	1	2 5	ı

1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTA			MENTAL HYGIEN	_	14/04
1. DECEDENT'S NAME (First, Middle, La	ANN MARY	ANN LEBI	ER		2. DATE OF DEATH MONTH	S 9	
4. SOCIAL SECURITY NUMBER 579-03-123			UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1042-(C	C	HRTHPLACE (State or Foreign Jountry) Pennsylvania
9a. FACILITY NAME (If not institution, gh	e street and number)  Advertis	T Hospi		Takoma P		9c. COUNTY Mon	tgomery
10e. STATE 10b. COU	Montgomery		own or Locat Silver				10d. INSIDE CITY LIMITS?  1 YES 2 NO
100. STREET AND NUMBER 310 Indian Sp				1. ZIP CODE 10g. CITI U			OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	FORCES? 1 YES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF IT YES, Specify Cuban 1 YES, GIVE WAR OR DATES			n, Puerto Ricen, atc.)		RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S E (Specify only highest gr	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo stired.)	N at of working		USINESS/INDUST	RY
1-12	1 year	Homemal	ker		own ho		
The second secon	T. Pappas				ME (First, Middle, Melde ia Zachos	n Surname)	
19e, INFORMANT'S NAME (Type/Print)	1. Tappus	19b. MAILING AD	DRESS (Street e		Ta ZaCITUS  Route Number, City or To	um State Zin Con	
John G. Leber					, Brunswi		
20e METHOD OF DISPOSITION 1 ABurlel 2 Cremetion 3 R	emoval from 9 of g	PLACE AND DATE OF	F DISPOSITION	(Name	OATE 20c. L	ocation - chy itland,	or Town, State
21. SIGNATURE OF FINERAL SERVICE		1	22. NAME AN Hines	Rinaldi	Funeral	Home	g, Md. 20904
shock or heart fellu immeDiaTe CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	homo de de la la la la la la la la la la la la la	rolog sow	2000	June 1	Interval Between Quest and Death
PART II. Other significent condi	tions contributing to deeth b	ut not resulting in	the underlyin	g cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?				ACE OF OEATH (Ch	eck only one)		
1 TES ENO	HOSPITAL:	atient 3 DOA 4	THER:	e 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH  Natural 5 Pending investigati	28a. DATE OF INJURY (Month, Dey, Year)	26b. TIME C	OF 28c, INJ Y WO	RK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
2 Accident Investigate 3 Suicide 6 Could not 4 Homicide determine	be 28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	et, factory, offic		281. LOCATION (Stree City or Town, Stat	t end Number or F	Rurel Route Number,
CONDON DIMY	HYSICIAN: To the best of my know						ouse(e) and manner se stated.
290. SIGNATURE AND TITLE OF CERT	FIER & S COS E	3		29c. LICENSE NUI	SOS	29d. DATE SI	GNED (Month, Pay, Year)
30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	03/3	Cook	A Ave:	She	ward was
31. DATE FILEO (Month, Day, Year)	32 AERISTRAS	ATUR			-		

The manufed within 24 hours after death. Page 6 may be retained by the host	process and completely filled in by the funeral director, page 5 should be detached in the latter of the company.	r traumate event, the medical examiner must be notified at once.
Ď,	25	ě
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certained within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending process, and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after death with the State Debt, of Health and Mental History and cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or wher traumate event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M		RTIFICA			MENTAL HYGIEN REG. NO	IE	1 14785
1000	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	Au	3. TIME OF DEATH					
	SAMUEL	HOWARD	LARCON	MBE. SR			MAY 14		1 8:00 A.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTHPLACE (State or Foreign
	577-09-6435	1 🔀 M 2 🗆 F	79	YRS. MONTI	S DAYS	HOURS MIN.	(Month, Day, Year)		Country)
						OR LOCATION OF D		912 W	ASHINGTON, DC.
Œ	227 GRANV		DIVE						
DIRECTOR	RESIDENCE OF DECEDENT	TLLE D	LLE DRIVE SILVER SPRIN					MONT	GOMERY
EC	10e. STATE 10b. COUNT	Y	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?
	MARYLAND MONTG	OMERY		SILV	ER S	PRING			1 YES 2 NO
	10e. STREET AND NUMBER				10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
H/	227 GRANVIL	LE D	RIVE			20901		11	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	IED I	13. WAS DEC		NIC ORIGIN? (Specify Ye		
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 ( IF YES, GIVE WA	X YES 2 NO		If yes, sp	ecify Cuben, Maxic 2 X NO Spec	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
	15. DECEDENT'S EDU		16a, DEC	EDENT'S USUA	L OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUS	TRY
ETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gh	e kind of work do Do NOT use retire	ne durina m	ost of working	-m - Ales - 1 - A	Manager III	
COMPLETED	Lieutenius processias y (0-12)	5		CORNEY			LAW		
NO	17. FATHER'S NAME (First, Middle, Last)		1111	JIUI I		18. MOTHER'S N	AME (First, Middle, Malder	Sumame)	
	WILLIAM	Т	ARCOMBE			MINNIE	V		OM
BE	19e. INFORMANT'S NAME (Type/Print)			MAILING ADDE	ESS (Creek		I Route Number, City or Tox	ANDERS	
2		ADCOMPE (							
	ELISABETH LENI L.	ARCOMBE (		AND DATE OF D				VIRG	
							ACILITY OLLINS FUNE	RAL HO	, MARYLAND ME, INC. . SP., MD 2090
FICATION	23. PART I. Enter the diseases, or ahock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a.  DUE TO (		UENCE OF:	itar tha mo	ode of dying, su	ch as cardiac or resp	olretory screst	
CENT	resulting in death) LAST	d							
N: MEDICAL, CENTI		dns contributing to	death but not re	esulting in the	underlylr	g cause given i		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
'SICIAN: MEDICAL, CENTI	resulting in death) LAST	dns contributing to		от от	26. F	LACE OF DEATH (C	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IY PHYSICIAN: MEDICAL CERTIF	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending	HOSPITAL:	ER/Outpatient 3	от от	26. F HER: Nursing Hot 28c. IN	LACE OF DEATH (C	PERFO 1 VES	PAMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending	HOSPITAL: 1   Inpatient 2   28e. DATE OF (Month, Da) 28e. PLACE Of	ER/Outpatient 3	DOA 4 = 28b. TIME OF INJURY	26. F HER: Nursing Hot 28c. IN W	LACE OF DEATH (I) THE S Acoldence JURY AT ORK? YES 2 NO	PERFO 1 YES  Check only one) 6 Other (Specify)	INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER Check only	HOSPITAL: 1   Inpatient 2   28e. DATE OF (Month, Date) 28e. PLACE Of building,	ER/Outpatient 3/INJURY my, Year) F INJURY — Al honetc. (Specify) my knowledge, dea	DOA 4 1 28b. TIME OF INJURY	28. Fier: Nursing Hotology 28c. IN 1   Isotory, offi	LACE OF DEATH (Come 5 Aceldence Just AT ORK? YES 2 NO	PERFO  1 YES  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW  City or Town, State  18 to the cause(e) end makes	INJURY OCCUP	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

DANIEL J. BOYLE, M.D. 10313
31. DATE FILED (Month, Day, Year)
MAY 1 7 1991

. 10313 GEORGIA AVENUE#201 SILVER SPRING MARYI AND 20902

DHMH-18 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Live recovery that the design control of the hospital and attended by the hospital.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the founding process and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mertal Hygers prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or either traumatte event, the medical examiner must be notified at once.
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MAY 15

\*91

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPA CERTIF		OF DEA		IENTAL HYGIEI REG. NO	NE 9	11 14786
	1. DECEDENT'S NAME (First, Middle, Last)  Grace		Lombardi				2. DATE OF DEATH MONTH MAY 13, 1	991	year 9:45 P m
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. lest birthday)		EAR IF UNDER	$\overline{}$	7. DATE OF BIRTH (Month, Dev Year)	1	8. BIRTHPLACE (State or Foreign Country)
	579-07-7879	1 🗆 M 2 💢 F	89 YRS.				June 30,		Italy
~	Se. FACILITY NAME (If not institution, give a				OWN OR LOCAT	ION OF DE	ATH		TY OF DEATH
0	Manor Care Potom	ac	Po	tomac			Mont	gomery	
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	10c. CI	TY, TOWN OR	thesda			100		
RAL	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT								EN OF WHAT COUNTRY?
NE	6803 Fairfax Ro					814	1150		ited States
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If y		en, Maxican	C ORIGIN? (Specify Yo, Puarto Rican, etc.)	es or No-	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT' (Give kind of life. Do NOT	S USUAL OCCI I work done duri use retired.)	UPATION ing most of work	ing	16b. KIND OF B	JSINESS/INDU	USTRY
MP	10		Home	maker			Ov	n Home	е
00	17. FATHER'S NAME (First, Middle, Last)				16. MOT	HER'S NAM	AE (First, Middle, Maide	n Sumame)	
BE (	Luigi Rosanelli					Agnes	e DiCosmo		
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (S	Street and Numbe	or or Rural A	oute Number, City or To	wn, State, Zip (	Code)
	Concetta R. Barbı	ito	10300	Crown	Point	Cour	t, Potoma	c, Man	ryland 20854
	20s. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State ntombmen	t Ft. Linco	oln Mau	of cometery, creates	matory or			oty or Town, State d, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  MO0381  Labora Jo McMullen Lawrence  MO0381  Labora Jo McMullen Lawrence  MO0381  Wisconsin Avenue, Bethesda, Maryland 20814								
	23. PART I. Enter the diseeses, or	complications th	at caused the death. Do	not enter th	e mode of dy	/Ing, such	as cardiec or rea	piratory arre	
	ahock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)			onia					Interval Between Onset and Death 4 days
	DUE TO (OR AS A CONSEQUENCE OF):								4 days
O	Sequentially list conditions,	0	oral Infarct						3 months
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		The second second						20
FIC	CAUSE (Disease or Injury	W	oral Arterio		SIS				20 years
Ē	that initiated events reaulting in death) LAST								
E		d							
PHYSICIAN: MEDICAL	Bleeding Duodenal Ulcer							24b, WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ						_	-		1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH (Che	nck only one)		
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:	g Home 5 🗆 R	tasidence	8 Other (Specify)		
у РНУ	27. MANNER OF DEATH  1 Netural 5 Pending investigation	28a. DATE O (Month,		IME OF 26	Bc. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCC	URED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE building	OF INJURY — At home, farm , etc. (Specify)	, street, factory	y, office		281. LOCATION (Stree City or Town, State	t and Number (	or Rural Route Number,
COMPLETED			of my knowledge, death occu						od. cause(s) and menner as stated.
	THE SIGNATURE AND STILE OF CERTIFIE					CENSE NUM		_	SIGNED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WIT	IO COMPLETED CA	ISE OF DEATH (ITEM 27) (I	D. Brian	I	020	47		May 14, 1991

Joseph D. Connor, M.D. 9420 Old Georgetown Road, Bethesda, Maryland 20814

32. ABGISTRAR'S SIGNATURE
Julia Davidson

BALTIMORE MARYLAND 21203-3146  ter death. Pag 15 mm to final set to be detached for use as the burial-transit permit. Pages 1, 2, 3 should  all mannings must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page to me, the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the within 72 hours after death with the Tatas Devic of Health and Mental Hygher prior to burial, cremation, or remo.  IMPORTANT: If Item 28 is marked. Or item 23 shows any injury, or other traumatic event, the medical manning must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAY 15 '91

REGISTRAR		ERTIFICATE OF DEATH	REG. NO.	A THE OF SERVICE			
OECEDENT'S NAME (First, Middle, La	CUKTRITINA	LIEPINA	2. DATE OF OEATH 5/12	91 0410 M			
217-34-2264	5. SEX   . AGE (in yrs. las	birthday)   IF UNDER 1 YEAR   IF UNDER 24 HR YRS.   MONTHS   DAYS   HOURS   MIN	Miles and Charles March	8. BIRTHPLACE (State or Foreign Country)  LATVIA			
SUBURBAN HOSPITAL  BETHESDA  MONTGO  RESIDENCE OF DECEDENT							
0a. STATE 10b. COU		10c. CITY, TOWN OR LOCATION BETHESDA		10d. INSIDE CITY LIMITS?  1 Y YES 2 NO			
0e. STREET AND NUMBER	RBROOK DR.	107. ZIP CODE 20816-		U.S.A.			
1. MARITAL STATUS  Never Married 2 Merried Widowed 4 Divorced	12. WAS OECEDENT EVER IN U.S. AF FORCES? 1 VES 2	INED  13. WAS OECENDENT OF HIS  If yes, specify Cuben, Me  1 YES 2 NO Sp	SPANIC ORIGIN? (Specify Yes or No- oxican, Puerto Rican, etc.) specify:	14. RACE — American Indian, Black, White, etc. Specify: WHITE			
15. OECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12)	College (1-4 or 5 +)	CEDENT'S USUAL OCCUPATION When kind of work done during most of working Do NOT use retired.)  EGISTERED NURSE	16b. KIND OF BUSINESS/I	NDUSTRY			
7. FATHER'S NAME (First, Middle, Last) UNKN	IOWN		S NAME (First, Middle, Melden Surneme UNKNOWN	·			
190. INFORMANT'S NAME (Type/Print)  190. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  5715 KINGSWOOD CT., BETHESDA, MD. 20814							
20e. METHOD OF DISPOSITION  Burlet 27 Cremation 3   F  Donation 5   Other (Specify)    H, DIGNATURE OF FUNERAL SERVICE	CHAM  CHAM  (M)	BERS CREMATORY  22. NAME AND ADDRESS OF  00091 W. W. CHAN	5/15/91 RIV FFACILITY SILVER MBERS CO. INC				
	re. Liet only one couse on each lin PULMONAR P以上MONA	Y FAILURE NY FAILUNE		interval Between Oder DANS			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  C. DUE TO (OR AS A CONSE  d.		ICAL IZEMO	REMOTE YRS			
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  LEFT TEMPORAL BONE FRACTURE, UNCOMPLICATED  246. WAS AN AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 X YES 2 NO							
25. WAS CASE REFERRED TO MEDICA EXAMPLER? 1 YES 2 NO 27. MANNEB OF DEATN	HOSPITAL: 12 inpetient 2 ER/Outpetient 28a. DATE OF INJURY	28. PLACE OF DEATH 3 □ DOA 4 □ Nursing Home 5 □ Reside		OCCURED			
1 Actident 5 Pending Investigat 3 Suicide 6 Could not	(Month, Day, Year)  lon  28e. PLACE OF INJURY — At h building, etc. (Specify)	INJURY WORK?  1 YES 2 NO ome, farm, street, factory, office					
4 Homicide determine		E-					

(ITEM 27) (Type, Print) 0, 9420 OL

32. REGISTRAR'S SIGNATURE
Julia Swidten Brokelle

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	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached at the attending physician and completely filled in by the funeral director, page 5 should be detached at the same transfit permit. Pages 1,		
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BALTIMORE, MARYLAND 212

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the host TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Lest)  Cayer L Ro	evre	avredge				MONTH MONTH MAY 19,	3. TIME OF DEATH 12:22 P			
4. SOCIAL SECURITY NUMBER 220-32-3718	5. SEX 12 M 2 □ F	AGE (In yrs. lee)		HTHE DAYS	HOURS I	HRS.	7. DATE OF BIRTH 6 1935	B	SUPPLACE (State or Foreign ayunta View, MD	
9a. FACILITY NAME (If not institution, give a 3 Sumpter Lane RESIDENCE OF DECEDENT	3 Sumpter Lane					DE. COUNTY OF DEATH Elkton  Be. COUNTY OF DEATH Cecil				
10a. STATE 10b. COUNTY Maryland Cecil			r, TOWN OR LOCATION kton				10d. INS LIM 1 YE			
3 Sumpter Lane					101, ZIP CODE 21921			U.S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	VER IN U.S. ARI YES 2 NO OR DATES	ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp If yes, specify Cuben, Mexican, Puerto Rican,  1  YES 2 X NO Specify:			, Puerto Rican, etc.)					
18. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir Sergean		done during most of working		U.S.Army		STRY		
17. FATHER'S NAME (First, Middle, Last)  Clarence Mayfiel			<b>L</b> yea	iic			RE (First, Middle, Melder arie Cull	Surname)		
19a. INFORMANT'S NAME (Type/Print) Shirley Ann Levr	edge	3	Sumpt	er Lan	e Elk	ton		21		
20a. METHOD OF DISPOSITION  ***COMBurlel 2 Cremation 3 Removel from State 4 Donation 8 Other (Specify)  21. SIGNATURE OF THE RAL SERVICE LICENSEE			and V	eteran	s Ceme	ter	y Hu	rlock,	ty or Town, State MD	
Wolat	1. Cherry	w/		Crou	ch Fun	era		East,	MD 21901	
disease or condition resulting in death)  a.										
PART II. Other significant condition	esulting in	the underlyi	ng cause glv	en in i		PRMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	PLACE OF DEA					
27. MANNER OF DEATH  1 Netural 8 Pending Investigation	28e. DATE OF IN (Month, Day,	JURY	y 28b, TIME OF 28c, INJURY AT				8 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCU	PRED	
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At ho L (Specify)	me, farm, str	eet, factory, of	ice		281. LOCATION (Stree City or Town, State		v Rural Route Number,	
one) 2 MEDICAL EXAMINE									d. cause(a) and manner as stated.	
296. BIGMATURE AND TITLE OF CENTRAL  30. MAME AND ADDRESS OF PERSON WITH	my Son	OF DEATH (ITE	TO ,	rint)	29c FIGEN	SE NIM	5/3	<b>&gt;</b> 5	SIGNEO (Month, Day, Year)	
31. DATE FILED (Month, Day, Year)	y Same	signature	16 13	now o	free 7	+	Elkto	n M	O (WHCC	
5/19/7/ MA	20'91	Fred	a David	son-Pan	dell					

as the buriel-transit permit. Pages 1, 2, 3 should

attending physician.

	FOR 1 - STATE REGISTRAR	STATE OF MARYI	LAND / DEPARTING			NTAL HYGIEN REG. NO.	E .	91 14789	
	1. DECEDENT'S NAME (First, Middle, Last)  YXXTL  4. SOCIAL SECURITY NUMBER		1216144	eight FUNDER 1 YEAR		DATE OF DEATH	0 91	3. TIME OF DEATH  3. TIME OF DEATH  MITTHPLACE (State or Foreign	
20	220-14-4 KO 5 9a. FACILITY NAME (If not institution, give str	1 M 2 DF	9 / YRS. MC	b. CITY, TOWN C	R LOCATION OF OEATI	(Month, Day, Year) 6-30-	99 N	faryland  OF DEATH	
TOR	Bel Air Convalesco	ent Center		Bel Ai	.r		Harford		
DIRECTOR	10a. STATE 10b. COUNTY	ford	10с. сіту, т Јор	TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
ERAL	1613 Singer Road			101	21085		OF WHAT COUNTRY? JSA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO	13. WAS DEC		RACE — American Indian, Black, Whita, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of word life. Do NOT use n Executiv	k done during mo etired.)	st of working	Yeast (			
BE COM	17. FATHER'S NAME (First, Middle, Lest) George Dufour	Dryden	12100002		18. MOTHER'S NAME	(First, Middle, Maiden Ada Gr			
TO 8	June W. Potter	wn, Stete, Zip Code) aton, Florida 33428							
	20a, METHOD OF DISPOSITION  1 M Burlat 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  Bel Air Memorial Gardens  22c. NAME AND ADDRESS OF FACILITY								
	21. SIGNATURE OF FUNERAL SERVICE LICE	mas III F	uneral ingdon	Home, P.A. , Md. 21009					
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or haert failure. LimmEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	aach Ilna.					Interval Between Onset and Death	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  SANTERS STATE OF OF OSSS  1 YES 2 MAY COMPLET OF DEATH (Check only cons)  21. WAS CASE REFERRED TO MEDICAL  EXAMINERY  10. PLACE OF DEATH (Check only cons)								
HASI	1 YES 2 THO	HOSPITAL: 1 □ Inpatient 2 □ ER/Ou 28s. DATE OF INJURY	Apatient 3 DOA 4		e 5 □ Residence 6 I	Other (Specify)	NJURY OCCUR	ED	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day Year)	MUUI		res 2 🗌 NO				
8	3 Suicide 6 Could not be determined	28e. PLACE OF BUILD building, etc. (Sc	RY — At home, farm, stre secity)	set, fectory, offic	• 2	St. LOCATION (Street City or Xvini, State)		Burel Route Mumber	
COMPLET	(Check thiny	CIAN: To the best of my kno						ause(a) and manner as stated.	
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Osen	DEATH (ITEM 27) (TVD9 P	RD (rin)	29c. LICENSE NUMBI		1 5	GNED (Month, Day, Hydr)	
	2 60 2	32. RESTRARS SIG	T DR	FA	1157	ONI	110	21047	

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 yours after death. Page 6 may be manned to attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sthough to entiamed for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	TIEGIOTTETT	_			IOAII	_ 01	D = / \		ned. N	0.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
-	Anna	S.		Lloy	/d				05 20		991	12:20AM M	
	4. SOCIAL SECURITY NUMBER	8. SEX	8. AGE (In yrs. Is	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign	
	168-14-1757	1 M 2 X F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	10/3/1	905	M A P	YLAND	
	9a. FACILITY NAME (If not institution, give a	treet and number)	0,5		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
Cincolon	Montgomery Gene	ral Hosp	ıtai		Olney Montgome						nery		
	10e. STATE 10b. COUNT	γ		10c. CIT	TY, TOWH	OR LOCAT	TION					10d. INSIDE CITY	
	MARYLAND MON	TGOMERY	,		VITE	ED	SPRI	NG				LIMITS?	
-	10s. STREET AND NUMBER	TOOMERT					-		D100			1 TYES 2 NO	
					10f. ZIP CODE							F WHAT COUNTRY?	
		TREET			20910						ITED	STATES	
	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1			13. WAS DECENDENT OF HISPANIC OF If yes, specify Cuben, Mexican, Pus				C ORIGIN? (Specify	fee or No-	14. RAC	E — American Indian, ck, White, etc.	
	1 Never Married 2 Married	IF YES, GIVE V		(110		1 TES	2 X NO	Specify:	; rusito mosti, stc.)				
	3 ₩ Widowed 4 Divorced								W	HITE			
	15. DECEDENT'S EDU (Specify only highest grade		16a. D	ECEDENT'S	Work done	during mo	ON ist of worldn	107	16b. KIND OF E	USINESS/II	NDUSTRY		
. 1	Elementary/Secondary (0-12)	College (1-4 or 5	+1 _	Give kind of le. Do NOT u									
	11		1 10	OD S	SERV	ICE	WOR	KER	School	CAL	FETE	RIA	
,	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S				AE (First, Middle, Maid	en Sumeme)						
_	GILES SMIT				BES	SSIE LIS	S T						
	19a. INFORMANT'S NAME (Type/Print)	S (Street a	nd Number	or Bural B	oute Number City or 1	have State 2	Zio Codel						
2	ANN L. RAMEY  707 BONIFANT STREET SILVER SPRING,  208. METHOD OF DISPOSITION  209. METHOD OF DISPOSITION (Name of cometory, crometory or other place)  206. LOCATION — City or Town, Sta											G, MD	
-													
												own, State	
	4 Donation 5 Other (Specify) SLATE RIDGE CEMETERY DELTA, PA												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	· Cleffrey	F. 7	mely	del	HA	ARKI	NS F	EUNE	RAL HOM	F. I	NC.	DELTA, PA	
۲	23. PART I. Enter the diseases, or		t caused the	-4									
-	shock, or heart failure.	List only one car	use on each lir	18.	not ente	T trie inc	de or dy	mg, auch	as cardiac or rea	ipiratory a	irrwat,	Approximate Interval Between	
-1	IMMEDIATE CAUSE (Final	0 1			0.	\ _	1	- 1				Onset and Death	
1	disease or condition resulting in death)	· Cicul	e My	PCat	dia	1 7	Ma	to-	NO			Acute	
		DUE TO	(OR AS A CONS	GOVENCE (	OF): (		~						
: 1		150)	SWANCE	1 0	sto.	en	Die	COOL	0			1983-Ac	
	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A COMS	EQUENCE C	OF):	()							
	cause. Enter UNDERLYING			J		V							
	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONS	EQUENCE C	OF):								
	resulting in death) LAST												
		a											
	PART II. Other significant condition	ns contributing to	death but not	resulting	in the u	inderlyin	g cause (	given in i	Part I. 24s. WAS	AN AUTOPS ORMED?	Y 24	b. WERE AUTOPSY FINDINGS	
	Umstable a	NOWING							400	1   NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
I	Consortio	t-tolano	aslutes					x		413 40		OF DEATHY	
	THEORY LINE	A STATE OF THE PARTY OF THE PAR	A					-a	7		- 1	1 YES 2 1 HO	
		don,	M. SW. H	na				N					
	25. WAS CASE REFERRED TO MEDICAL EXAMINERY	HOSPITAL:			ОТНЕ		LACE OF D	EATH CH	only one)				
	1 ☐ YES 2 W NO	1 [ Inputient 2	☐ ER/Outpetient	3 DOA			te 5 🗆 Re	esidence	6 Other (Specify)				
	27. MANNER OF DEATH	28s. DATE Of (Month, I	F INJURY Day: Year?	28b. T0	ME OF	28c. IN.	JURY AT		28d. DESCRIBE HO	W INJURY O	CCURED		
	1 Meturel 5 Pending 2 Accident Investigation		STATES OF				YES 3	] NO					
	3 Suicide 6 Could not be	28s. PLACE (	OF BIJURY At I	home, ferm,	street, to	clary, offic			281. LOCATION (Stre City or Rown, Str	et and Numb	her or Rural	Route Number	
	4   Homicide determined	Gunning	mr (spinsy)					- 1	City or xiwn, as	ini)			
COMPLETE	29a. CERTIFIER			30				_			_		
	(Check only								to the cause(s) and				
5	2 MEDICAL EXAMIN	ER: On the basis of	examination and/o	r investigat	ion, in my	opinion,	death occu	red at the	time, data and place,	and dua to	the cause	(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	P	0	-			29c. LIC	ENSE NUM	IBER	29d. D.	ATE SIGNE	D (Month, Day, Year)	
1	1/femten	un					0	90	9911	<b> </b>	5	2091	
2	30. NAME AND ADDRESS OF PERSON WI	ID COMPLETED CAL	ISE OF DEATH OF	FM 27) /3	Delega		0	000	114		J	~ 11	
	C. FEINSTEIN	MD	18 1/1	PA	A /	2	PHI	110	DR	011	IFY	Mol 2083;	
					NL	-	/ /7 /	-//	W1.	0 - /	V = /	mor wos	
	31. DATE FILED (Month, Day, Year)	32. REGISTR	dson-Rang										
- 1	MAI CI JI	gura Day	dson-hand	المالا									

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BALTIMORE, MARYLAND 21

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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P. Greco 31. DATE FILED (MONTH) Day 1

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e	FOR 1 - STATE REGISTRAR	STATE OF 1	MARYLAND /		RTMENT				MENT	AL HYGIENI REG. NO.	E 9	1	14791
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	TE OF DEATH			3. TIME OF DEATH
	Percy		I.			Lan	dis		MON	5" 14"	۷ و	1EAR	3:50 pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	056-05-4392		91	YRS.	MONTHS	DAYS	HOURS	MIN.		727/19		Count	NY
~	9a. FACILITY NAME (If not institution, give st				9b. CITY		or LOCATI					alb	
0	Memorial Hos	pricar				Eds	COII						
EC	10a. STATE 10b. COUNTY			10c, CI1	TY, TOWN OR LOCATION								10d. INSIDE CITY
DIA	MD Ta	albot			East	ton					1	LIMITS?	
AL	10s. STREET AND NUMBER					10	. ZIP COD	E			WHAT COUNTRY?		
ER	117 E. Dove	Apt.	101	21601								US	A
BY FUNERAL DIRECTOR	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. AF	RMED NO	13. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Y if yea, specify Guban, Mexican, Puerto Rican, etc.)  1  YES 2  NO Specify:						Black, White, etc. Specify:		
	15. DECEDENT'S EDUC	CATION	I see Di	CEDENT	T'S USUAL OCCUPATION 16b. KIND						INESS (INC		white
COMPLETED	(Specify only highest grade	completed)	(0	ive kind of	work done see retired.)	during mo	ost of worki	ng	- F	6b. KIND OF BUS	INESS/INU	JUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)		onal Manager					Insu	ıran	ce	
NO.	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME										Surname)		
	Percy M. Landis Emma Illingworth												
TO BE	19a. INFORMANT'S NAME (Typer/Print)  Katherine Landis  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  117 E. Dover Apt.101 Easton, MD 21601												
i	26a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Rem		20b. PLACE of cemetary H11					,		18 ROS	CATION —		own, State
	4 Donation 5 Other (Specify)	ENSEE	птт	TOT								.,	
	NOHN R		RCERS	2			nam nam					: Ea	ston, MD
	23. PART I. Enter the diseases, programmer and allows.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liat only one ce	eman	·.	u	٨	ode of dy	, all local	,	erdiec or reapi	ratory an	reat,	Approximate Interval Between Onset and Death
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE										b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL					26 D	LACE OF I	DEATH (C)	ack only	( one)	_		
2	EXAMINER?	HOSPITAL:	F240-41-41-44		OTHE	R:							
175	27. MANNER OF DEATH	26e. DATE O	ER/Outpatient	28b, TI	1		JURY AT	lealdence		ther (Specify) DESCRIBE HOW I	N.HIBY OC	CUBED	
BY PI	1 Natural 5 Pending 2 Accident Investigation		Day, Year)		M	W	YES 2	_ NO	200. [	DESCRIBE NOW F	NJOH! OC	CONED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — At h I, etc. (Specify)	ome, farm,	, street, tec	tory, offi	ce			OCATION (Street a lity or Town, State)		r or Rural	Route Number,
COMPLETED	one)	ICIAN: To the best of											(e) and manner se stated.
BE	296. SIGN TUPE AND TITLE OF CENTIFIED	Dula	Yul				29c. LIC	ENSE NUI	MBER			514	O (Month, Day, War)
0	P. Greco Chados MD, 503 Detchman's Lo, Easton, Md. 21601												

09 MD 503 D.
32. REDISTRAR'S SIGNATURE
Gelia Devidion-Rondale

The burial-transit permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	1	40
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	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 r	r misses a meeting the state of a conferment to the presence of a standard and completely filled in by the funeral director

REGISTRA	AR		G E	-1111	ICALL	= OF	DEAT	THE .		REG. NO						
	NAME (First, Middle, Last)									OF DEATN		3	. TIME OF DEATH			
R	OBERT THO	OMAS LAI	P. JR.						5	10/9	L L	YEAR	2:20 P W			
4. SOCIAL SECU		5. SEX	6. AGE (In yrs. less		IF UNDER		IF UNDER		7. DATE	OF BIRTH	T	8. BIRTNPI Country)	ACE (State or Foreign			
104-0	9-3430	XXM 2 □ F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	2/9	Day, Year)		MASS.				
9e, FACILITY NA	ME (If not institution, give :	street and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE		,	9c. COUN	9c. COUNTY OF DEATN				
# Memo	orial Hos	pital			E	ast	on		T	albo	t					
	OF DECEDENT															
10a. STATE	10b. COUNT	albot		16c. CITY, TOWN OR LOCATION							Od. INSIDE CITY LIMITS?					
		albot								ton	X YES 2 NO					
100. STREET AN	DNUMBER					101	ZIP CODE	E			ZEN OF WH	AT COUNTRY?				
监 Can	nery Squa	are					2	160	US							
2	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. FORCES?  1 VALUE AND MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. FORCES?  1 V YES 2									? (Specify Ye	s or No—	14. RACE - Black,	- American Indian, White, etc.			
24.010	IF YES, GIVE WAR OR DATES						2 X) NO					Specify:				
	MM T.											whi	te			
12	15, DECEDENT'S EDUCATION (Specify only highest grade completed)						on at of workin	ng	16b	KIND OF BU	SINESS/IND	USTRY				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 4 Engineer Engineer  18. MOTNER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Maiden Sumame)											ectr	ical				
Robert Thomas Lapp, Sr. Edna Dodson																
L. Clark Ewing  198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yourn, State, Zip Code)  16 S. Washington St., Easton, MD 21												07.607				
20e. METHOD OF	F DISPOSITION Cremation 3 - Ren	noval from State	20b. PLACE of cemelary,	cremator	y or other	olace)			DAT		OCATION —		* * * * * * * * * * * * * * * * * * * *			
1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Eastern Shore Crematorium Georgetown, DF												n, DE				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home 200 S. Harrison St. Easton																
											East	on, MD				
	nter the diseases, or nock, or haart fallure.				not antei	r the mo	de of dy	ing, suc	h aa car	diac or reap	Piratory arr	rest,	Approximata Interval Between			
	IMMEDIATE CAUSE (Final disease or condition											Onset and Death				
											27/45					
	DUE TO (OR AS A CONSEQUENCE OF):															
Sequentially i	lat conditions,	b														
if any, leading	to immediata	DUE TO	(OR AS A CONSE	QUENCE C	P):											
CAUSE (Disea		C	(OR AS A CONSE	OUENCE C	NE).								-			
that initiated resulting in d		DOE 10	(On AS A CONSE	JUENCE C	rr j:								j			
Ä		d											<del> </del>			
	r significent conditio	na contributing to	death but not i	resulting	In the u	ndariyin	g cause	given in	Part I.	24a. WAS A			VERE AUTOPSY FINDINGS			
PART II. Othe										1 TYES	RMED?		MAILABLE PRIOR TO COMPLETION DF CAUSE			
MED										. [] .20	7		F DEATH?			
2									_							
Z WAS CASE B	EFERRED TO MEDICAL					26. P	LACE OF D	EATH (C)	eck only o	ne)						
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)																
EXAMINER?	HOSPITAL: OTHER: 1 YES NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)															
EXAMINER?		inpatient 2			ME OF	I 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED INJURY WORK?										
EXAMINER?  1 YES 2  27. MANNER OF	DEATH 5 Pending	1 Inpatient 2 (	INJURY	26b. TII		W	PRK?	NO	28d. DE	SCRIBE NOW	INJURY OC	CURED	-			
2 Acciden	DEATH  5 Pending Investigation	28a. DATE OF	INJURY lay, Year)	26b. TII	JURY M	1 🗆	YES 2 [	NO					uta Nurribae			
2 Acciden 3 Suicide 4 Normicid	DEATH  5 Pending Investigation  6 Could not be	28a. DATE OF (Month, L	INJURY	26b. TII	JURY M	1 🗆	YES 2 [	NO NO	28f. LOC	ATION (Street or Town, State	and Number		ute Number,			
2 Accident	DEATH  5 Pending Investigation  6 Could not be	28a. DATE OF (Month, L	INJURY lay, Year) OF INJURY — At he	26b. TII	JURY M	1 🗆	YES 2 [	NO NO	28f. LOC	ATION (Street	and Number		ute Number,			
2 Accident	DEATH  5 Pending Investigation  6 Could not be datermined	28a. DATE OF (Month, I. 28a. PLACE (building)	INJURY ay, Year)  F INJURY — At ho stc. (Specify)  my knowledge, de	26b. Til IN ome, farm,	Street, fac	1	ORK? YES 2 [	a, end due	28f. LOC City	CATION (Street or Town, State	and Number s)	r or Rural Ro				
2 Accider 3 Suicide 4 Nomicide Check only one)	DEATH  5 Pending Investigation 6 Could not be determined  CERTIFYING PNY: 2 MEDICAL EXAMIN	28e. DATE OF (Month, L)  28e. PLACE (building)  SICIAN: To the best of a	INJURY ay, Year)  F INJURY — At ho etc. (Specify)  my knowledge, de	26b. Til IN ome, farm,	Street, fac	1	ORK? YES 2 [ e end place death occu	o, end due	26f. LOC City	CATION (Street or Town, State	and Number s) enner as star	r or Rural Ro ted. he cause(e)	end menner as stated.			
2 Accident 3 Suitede 4 Nomice 4 Nomice 000 Check only one)	DEATH  5 Pending Investigation  6 Could not be datermined	28e. DATE OF (Month, L)  28e. PLACE (building)  SICIAN: To the best of a	INJURY ay, Year)  F INJURY — At ho etc. (Specify)  my knowledge, de	26b. Til IN ome, farm,	Street, fac	1	ORK? YES 2 [ e end place death occu	a, end due	26f. LOC City	CATION (Street or Town, State	and Number s) enner as star	r or Rural Ro ted. he cause(e)				
2 Accident 2 Nomicide W Nomicide W Nomicide W Nomicide 29e. CERTIFIER (Check only one) 29b. SIGNATURE	DEATH  5 Pending Investigation 6 Could not be determined  TECERTIFYING PNY: 2 MEDICAL EXAMIN	28a. DATE OF (Month, I)  28a. PLACE (building)  SICIAN: To the best of the basic of	INJURY ley, Year)  OF INJURY — At he atc. (Specify)  my knowledge, de xamination end/or	26b. Till IN part, farm, path occur investigat	street, fac	1	ORK? YES 2 [ e end place death occu	o, end due	26f. LOC City	CATION (Street or Town, State	and Number s) enner as star	r or Rural Ro ted. he cause(e)	end menner as stated.			
2   Accident   2   Ac	DEATH  5 Pending Investigation  6 Could not be determined  CERTIFYING PNY:  2 MEDICAL EXAMIN  AND TITLE OF CERTIFIE  ADDRESS OF PERSON W	28a. DATE OF (Month, I. 28a. PLACE of building)  SICIAN: To the best of the basic o	INJURY ley, Year)  F INJURY — At he stc. (Specify)  my knowledge, de xamination end/or	26b. Till IN IN IN IN IN IN IN IN IN IN IN IN IN	Street, factored at the lon, in my	1 With the state of the state o	PRK? YES 2 [ The second place of the second pl	o, end due	26f. LOC City	CATION (Street or Town, State use(e) and many and place, a	end Number  anner as ster  and due to ti  29d. DAT	ted. te cause(e)	end menner as stated.  Month, Day, Year)			
2   Accident   2   Ac	DEATH  5 Pending Investigation 6 Could not be determined  TECERTIFYING PNY: 2 MEDICAL EXAMIN	28a. DATE OF (Month, L)  28a. PLACE (building)  SICIAN: To the best of each of the basic of each completed cau	INJURY ley, Year)  OF INJURY — At he atc. (Specify)  my knowledge, de xamination end/or	26b. Till IN part, farm, path occur investigat	Street, factored at the lon, in my	1 With the state of the state o	ORK? YES 2 [ e end place death occu	o, end due	26f. LOC City	CATION (Street or Town, State	end Number  anner as ster  and due to ti  29d. DAT	ted. te cause(e)	end menner as stated.  Month, Day, Year)			

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	FOR STATE REGISTRAR	s	TATE OF N	MARYLAND /		RTMENT				MENTAL	HYGIEN REG. NO.			4793
	1. DECEDENT'S NAME (First, Middle	e, Last)								2. DATE O	F DEATH D	AV VE	3.	TIME OF DEATH
	SANDRA	LEI	E LA	ANE						5/8	3/91			8:00 P M
	4. SOCIAL SECURITY NUMBER 347-36-8693	5. 5	BEX ☐ M 2 [ <b>X</b> ]F	8. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF	BIRTH	7	BIRTHPL/ Country)	NCE (State or Foreign
	9a. FACILITY NAME (If not institution		and number)			9b. CITY	TOWN C	R LOCATI	ON OF DE		•	9c. COUNTY	OF DEAT	Н
TOR	Thornton R		P.O.	Box 32	25	F	Roya	1 0	ak			7	ľalk	oot
DIRECTOR		COUNTY Tall	bot		10c. CIT	RC		on Oa	k					d. INSIDE CITY LIMITS?
FUNERAL	Thornton Ro	nad.					101	101. ZIP CODE 10g. CITIZEN OF WHAT COULD USA						T COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Merrie 3 Widowed 4 Divorced	MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 6  13. WAS DECENDENT OF HISPANIC ORIGINAL								n, Puerto Ri	ORIGIN? (Specify Yea or No.— 14. RACE — American			
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12  15. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working life. Do NOT use retired.)  ASSEMBLY Line Worker  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)											.6			
TZ ASSERBITY LITTLE WOLKET														
Joseph Edward Curcio  18. MOTHER'S NAME (First, Middle, Meiden Surname)  Lena Elizabeth VerMulm											n			
19a. INFORMANT'S NAME (Type/Print)  19a. INFORMANT'S NAME (Type/Print)  Patrick W. Lane  19b. Marling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Thornton Road, P.O. Box 325														
	20e. METHOD OF DISPOSITION 1 Xeuriel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)  Royal Oak MD 21662  20b. PLACE AND DATE of DISPOSITION (Name of Commentary, Commentary													State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY NEWNAM Funeral Home														
	JOHN	R.	MER	RERO								eet 1	East	ton, MD
	23. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cerdiac or respiratory strest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):													
HTIFICATION	Sequentisity flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE: (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL CEI	PART II. Other eignificant co	onditions co	entributing to	daath but not	resulting	in the ur	nderlyin	g cause	given in		24a. WAS AN PERFO	RMED?	AA CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
AZ	25. WAS CASE REFERRED TO MED	DICAL T					28 P	ACE OF I	DEATH (C)	neck only one	1			
SICI	EXAMINER?	HC	OSPITAL:	ER/Outpatient	DOA	OTHE	R:	X	1007 ml	6 Other				
	27. MANNER OF DEATH  1 Natural 5 Pendi		28a. DATE Of (Month, I	INJURY	28b. TI		28c. IN.	URY AT ORK? YES 2		_		INJURY OCCUP	RED	
TED BY	3 Suicide 6 Could	igation I not be mined		OF INJURY — At h	ome, farm,	street, fac				28f. LOCA City o	TION (Street r Town, State	and Number or )	Rurel Rou	te Number,
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner se stated.												nd manner ee stated.	
BE	29b. SIGNATURE AND TITLE OF C	CERTIFIER	8-8	cana	27)			29c. LIC	ENSE NU	MBER 1 2	25	29d. DATE 8	IGNED (M	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PER Stephen P.					e, Print)	wil.	rA f	re.	Eas	ton.	MD 2	160	1
	31. DATE FILED (Month, Day, Year)							- 44						•
	31. DATE FILED (Month, Day, Your) MAY 1 3 91  32. REGISTRAE'S SIGNATURE													

BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician.	r the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 shoul oval.	cal examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the dome of the dome of the control within & nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the meaning and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merita means or to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

Martin W. Gallagher
31. DATE FILEO (Month, Dey, Year)

MAY 28 '91

Jr. M.D. 324 F.
32. REGISTRAR'S SIGNATURE
Julia Davidson Rondoll

	FOR 1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH AI		AL HYGIEN		1 14/94			
7	1. DECEDENT'S NAME (First, Middle, Last)  Ira Gle	enn McBe				2. DA	TE OF OEATH		SEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 705–09–5368	5. SEX 8. AG	E (In yrs. lest birthday) 78 YRS.	IF UNDER		an. (M	TE OF BIRTH onth, Day, Year)		i. BIRTHPLACE (State or Foreign Country) Vest Virginia			
TOR	9a. FACILITY NAME (If not institution, give str Washington Count				erstown	OF OEATH		1	ry of DEATH nington			
DIRECTOR	Maryland Washi	ngton	100	Y, TOWN					10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 251 West Main Str	eet			101. ZIP CODE 21750			USA	USA			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEOENT EVER FORCES? 1 (X YE IF YES, GIVE WAR OF 1942-1945	S 2 NO		WAS DECENDENT OF I If yes, specify Cuben, i 1 YES 2 XX NO	Mexican, Puer	GIN? (Specify Ye to Rican, etc.)	n or No-	14. RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12	SON										
BE CON	17. FATHER'S NAME (First, Middle, Lest)  George W. McBee  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Nannie M. Hutzler											
5	Harriet K. McBee 251 West Main Street Hancock, Maryland 21750											
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)		206. PLACE AND DAT of cemetary, cremator Greenwall			1			aty or Town, State Vest Virginia			
	21. SIGNATURE OF FUNERAL SERVICE LIG	NSEE A	r ~~		NAME AND ADDRESS	OF FACILITY	Grove I	Tunera	al Home			
	23. PART I. Enter the diseases, or cashock, or heart failure. L	mplications that cou- let only one couse or	sed the deeth. Do n eech line.	not ente	the mode of dying	, such as c	ardiec or resp	iratory em	Approximate Interval Between Onset and Death			
	immediate cause (Final disease or condition resulting in deeth)  a. Could a A Consequence of:											
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to deat	h but not resulting	in the u	nderlying ceuse giv	en in Part i	24a. WAS AI PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	28. PLACE OF DEA	TH (Check onl	y one)					
	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJUI (Month, Day, Yea	RY 28b. TII		28c. INJURY AT WORK?	28d.	Nher (Specify) OESCRIBE HOW	INJURY OCC	TUREO			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, atc. (5	URY — At home, farm, Specify)	281, 1	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
O BE C	29%. SIGNATURE AND TITLE OF CERTIFIE	allok	A. r.	a C	29c. LICEN	3 /8	80	29d. DATE	E SIGNED (Month, Day, Year)			

21740

Md.

Hagerstown,

BALTIMORE, MARYLAND 21215-0020	e transport of the postulation attending physician.	s 5 model by inharited for use as the burial-transit permit, Pages 1, 2, 3 should	notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 hay be removed in manufal or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 months for use as the burial-transit permit. Pages 1, 2, 3 should be signed by the attending physician prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAI					MENTA	HYGIEN		1	14795	
	1. DECEDENT'S NAME (First,	Middle, Last)	John (	Mart Mart		J				2. DATE MONTI	OF DEATH	ř	YEAR 1	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. k		IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	(Monti	OF BIRTH n, Day, Year)		Count		
	214-09-3543  90. FACILITY NAME (If not in		1 ⊠ M 2 □ F	79	YAS.	01 077	TOMAN C	0.1.0047			26-191		Mar NTY OF C	yland	
E	Washington			.1	96. CITY, TOWN DR LOCATION OF DI Hagerstown										
6	RESIDENCE OF DEC	EDENT		l I					. 1			VVC	1511L	ngton	
DIRECTOR	Mararal and	10b. COUNTY			10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?	
	Maryland	was	shington		Hagerstown							10a CIT	ZEN OF	1 YES 2 ND WHAT COUNTRY?	
FUNERAL	Rt. 9 E	363	3		21740								J.S.		
2	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	. ARMED 13. WAS DECENDENT OF HISPAN							E — American Indian,			
BY F	1 Never Merried 2 3 N Widowed 4 Divo		IF YES, GIVE Y		AND				n, Mexice Specify		Rican, etc.)		Spec	offy:	
		EDENT'S EDU	CATION	16a. F	DECEDENTS	CEDENT'S USUAL OCCUPATION 186. KIND OF BUSINESS/INDUSTRY								White	
	(Specify onl	y highest grade 0-12)	completed) College (1-4 or 5		(Give kind of work done during most of working life. Do NOT use retired.)										
MPL	12 yrs.				Foreman						Iro	n Woi	cks (	Company	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Charles Cleveland Martin										Middle, Maiden	_			
BE	Charles C		and Mar		OL MAII IN	C ADDRESS	D /Dimet a		rrie		nelia	Lur			
5	Nancy Jean			Bb. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip C Rt. 9 Box 363 Hagerstown, Maryland								21740			
	20e. METHOD OF DISPOSIT	20b. PLAC	CE AND DATE OF DISPOSITION (Name ary, crematory or other place)								City or T	own, State			
	4 Donation 5 Donate	(Specify)		Beave	er Cr	eek (	Ceme				Bea	ver (	Cree	k, Maryland	
	21. SIGNATURE OF FUNERA		0		. 1	22.	NAME A	ND ADDRE	SS OF FA	CILITY	760	6 Boo	onsb	oro Pike	
	Douglas		- 4	glast	lu	~								Maryland	
	23. PART I. Enter the diseases, or complications that coused the cent. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence or):														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST														
PHYSICIAN: MEDICAL C	PART II. Other aignifice		e appli	_		_					24a. WAS AN PERFOI VES 2		24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
CIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (C	neck only o	ne)				
IXSI	1 TYES 2 THO		28a. DATE O	ER/Outpatient	3 🗆 DOA	4 🗆 Nu	rsing Hon		leeldence	6 Oth		N MIRW OC	OUDED	45	
		Pending	(Month,	Day, Year)		NE OF YJURY M	W	JURY AT ORK? YES 2	Пир	28d. DE	SCRIBE HOW	INJURY OC	CURED		
TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At , etc. (Specify)	home, farm	, street, fac				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	consi and		ICIAN: To the best of											(e) end manner es stated.	
ш	29b. SIGNATURE AND TITLE	E OF CERTIFIE	п			,		29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	SIGNED (Month, Day, Year)	
TO B	/ Teorge	9/1	unon		1.0	P.M.	0	1	173	59/		<b>•</b>	5-	20-91	
-	Dr George	Newma	an II M.I	1799	9 How		Road	На	gers	town	, Mary	land	21	740	
31. DATE FILED (Month, Day, 1601)  MAY 22'91  Julia Davidson-Randale															

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMOBE, MARYLAND 21203-3146	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🗻 nours after death. Page 4 may be lay the hospital or attending physician.	THE FUNEAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundial direction page 5 should be detached for use as the burial-transit permit. Pages 1. 2.	fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE H	TO THE FL	be filed wi	IMPORTA

9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. C	a. SHIME OF DEATH  2. AMETHPLACE (State or Föreign Country)  CALIFORNIA  COUNTY OF DEATH  MONTGOMERY  10d. INSIDE CITY LIMITS?  1   YES 2   NO
550-54-2295  1 M 2 F 51  YRS. MONTHS DAYS HOURS MIN. (Month, Dey, Year)  APRTI. 4, 194(  9e. FACILITY NAME (If not Institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. C	COUNTRY)  CALIFORNIA  OUNTY OF DEATH  MONTGOMERY  10d. INSIDE CITY LIMITS?
	MONTGOMERY  10d. INSIDE CITY LIMITS?
RESIDENCE OF DECEDENT	LIMITS?
WE STATE 10b. COUNTY 10c. CITY. TOWN OR LOCATION	LIMITS?
HOLY CROSS HOSPITAL SILVER SPRING  RESIDENCE OF DECEDENT  100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION  MARYLAND MONTGOMERY SILVER SPRING	
Too. Street and number 101. ZIP CODE 109.  2319 ARTHUR AVENUE 20902	CITIZEN OF WHAT COUNTRY? USA
10e. STREET AND NUMBER  2319 ARTHUR AVENUE  11. MARITAL STATUS 1 Nover Merried 2 Merried 3 Widowed 4 Olivorced  10g. 20902  11. WAS DECEMBENT EVER IN U.S., ARMED If yes, apacity, Cuben, Mexican, Puerto Rican, etc.) 11 YES 2 NO Specify:	Black, White, etc.
	WILLE
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12)  College (1-4 or 5 +)  4  TEACHER  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  MUSIC  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surnen	
T7. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Last)	101
KARL EGRON HANSON EDITH OLGA DUI	EHREN
199. MAILING ADDRESS (Street and Number or Rural Houte Number, City or Town, State	
200. METHOD OF DISPOSITION 200. PLACE OF OISPOSITION (Name of competers, cremetory or 200. LOCATION	MARYLAND 20902  I — City or Town, State
4 Donation 5 Other (Specify) METROPOLITAN CREMATORY ALEXAN	NDRIA, VIRGINIA
21. SIGNATURE OF FUNERAL SERVICE MERSES  22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL 500 UNIVERSITY BLVD., W.,	HOME, INC.
23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory shock, or heart failure. List only one saids or each line.	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (on as a consequence of):  Due to (on as a consequence of):  Due to (on as a consequence of):  Due to (on as a consequence of):	Syndrine
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOI PERFORMED?	
O I	COMPLETION OF CAUSE
1   YES 2   NO	1 TES 2 NO
Z 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	
EXAMINER?    HOSPITAL: OTHER:   OTHER:	
T 27 MANNER OF DEATH 28e. DATE OF INJURY (Month, Dis), Year) 28b. TIME OF 18. INJURY AT WORK? 28d. DESCRIBE HOW INJURY WORK?	OCCURED
2 Accident investigation 28e PLACE OF INJURY At home farm street feedors office. 28f LOCATION Course and Man	mber or Rural Route Number,
Suicide 6 Could not be determined building, etc. (Specify)  2et. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due	
BORNATURE AND TITLE OF CENTIFIER  29c. LICENSE NUMBER  29d. LICENSE NUMBER  29d. LICENSE NUMBER	DATE SIGNED TWOrth, Day, Year)
20. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STEM 27) (7)54. PINE)	3/17/9/
31. DATE FILED (Morrith, Day, Year) (23, NEGUERANINE BROWNING OF THE STATE OF THE S	on, DE 20003
MAY 1 7 1991 gala builden pende	DHMH-16 Rev 1/89

BALTIMORE, MARKLAND 21215-0020

MAY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR  1. DECEDENT'S NAME (First				ERTIF	ICAII	. Or	DLA		REG. No. 2. DATE OF DEATH MONTH	DAY,	YEAR 3. 1	TIME OF DEATH			
	Be	ssie L	urlyne							May	11 19	1911	9:301			
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	ast birthday)	IF UNDER	DAYS		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	CE (State or Foreign			
	213-54-81	33	1 M 2 XF	90	YRS.	MONTHS	DAYS	HOURS	MIN.	July 7.	1900N	00North Carol				
	9e. FACILITY NAME (If not	nstitution, give stre	et and number)		- 17	9b. CITY	, TOWN C	R LOCATI	ION OF DE			Y OF DEATH				
DIRECTOR	Holy Cro	SS HOS	pital		Silver Sprin					9	Mont	gome	ry			
l iii	10e. STATE	10b. COUNTY			10c. CITY, TOWN OR LOCATION							10d	. INSIDE CITY			
片	Maryland		Si	lve	r Sr	rin	a			58	LIMITS?					
											10g. CITIZE	N OF WHAT	COUNTRY?			
FUNERAL	134 Colon	v Road					1 2	2090	3		U.S	7				
Z	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. A	ARMED	13.			_	NC ORIGIN? (Specify Y			American Indian,			
BY FL	1 Never Merried 2 Married 3 Wildowed 4 Divorced  1 Never Merried 2 FORCES? 1 YES 1F YES, GIVE WAR OR DA				ON		If yes, sp	ecify Cubi		n, Puerto Rican, etc.)		Black, Wi	White			
0		CEDENT'S EDUC		16a. I	DECEDENT'S	USUAL C	CCUPATIO	ON		16b. KIND OF B	USINESS/INDU	STRY				
COMPLETED	(Specify or Elementary/Secondary	hy highest grade o	ompleted) College (1-4 or 5		(Give kind of lie. Do NOT u	work done se retired.)	during mo	at of world	ing	100000000000000000000000000000000000000						
7	12	(0-12)	4		ecre	tary	7			John H	opkin	s Un	iversit			
8	17. FATHER'S NAME (First,	Middle, Last)			0020	0002		18. MOT	HER'S NA	ME (First, Middle, Maide		011	2102020			
B	James E.		Y		105 MAH IM	ADDRES	O /Oten ed a			OS J. FC						
2	Stephen M		hlo T										10202			
8			Die, U.						DI.	West Ch						
	20a. METHOD OF DISPOSITION  1															
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Takoma Funeral Home  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Be interval Be															
	disease or condition resulting in death)	→ .		Carle	al l	m	PIT						1 Hour			
	resolving in death)	•	DUE TO	(OR AS A CONS	EQUENCE O	(F):	-)						1 1/100			
Z				(0)	10								Tears			
2	Sequentially flat condi		DUE TO	(OR AS A CONS	EQUENCE C	F):										
3	cause. Enter UNDERL	/ING														
Ē	CAUSE (Disesse or in that initiated events	ury	DUE TO	(OR AS A CONS	SEOUENCE C	F):										
ERTIFICATION	reaulting in death) LA	ST d														
	PART II. Other algoritic	ant conditions	contributing to	deeth but no	t <i>p</i> eaulting	in tha u	nderlyln	g cause	given in	Part 1. 24a. WAS	AN AUTOPSY	24b. WE	RE AUTOPSY FINDINGS			
5		M	Ween	0/11	lise	1 U					ORMED?		MPLETION OF CAUSE			
			1 001			u				1 □ YES	2 1 NO		DEATH?			
Σ					-	_				_		1[	YES 2 NO			
Z																
<b>5</b>	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		LACE OF I	DEATH (Ch	eck only one)						
	1 FES 2 NO		1 Inpatient 2	ER/Outpatient	3 DOA			ne 6 🗆 R	Residence	6 Other (Specify)						
S	27. MANNER OF DEATH  1 Natural 5	Pending	28a. DATE Of (Month, i	F INJURY Day, Year)	28b. Till IN	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRIBE HOV	V INJURY OCC	URED				
PHYSICIAN: MEDICAL		Investigation	28e. PLACE	M 1 VES 2 NO  28e. PLACE OF INJURY — All home, farm, street, factory, office building, etc. (Specify)						28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
B	2 Accident 3 Suicide 6 4 Hornicide	Could not be detarmined	building	, , , , , , , , , , , , , , , , , , , ,		29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.										
BY	3 Suicide 6 4 Homicide	detarmined			death occur	red at the	time, date	and plac	e, and due	to the cause(e) and n	nanner as state	d.				
BY	3 Suicide 6 4 Homicide 6 29a. CERTIFIER (Check only	detarmined	IAN: To the best o	f my knowledge,						to the cause(e) and n			d manner as stated.			
COMPLETED BY	3 Suicide 6 4 Homicide 6 29a. CERTIFIER (Check only one) 1 ME	detarmined  RTIFYING PHYSIC  DICAL-EXAMINER	IAN: To the best o	f my knowledge,				death occi	ured at the	time, date end place,	end due to the	cause(e) an				
B	3 Suicide 6 4 Homicide 6 29a. CERTIFIER (Check only	detarmined  RTIFYING PHYSIC  DICAL-EXAMINER	IAN: To the best o	f my knowledge,				death occi		time, date end place,	end due to the	cause(e) an	d manner as stated.  onth, Dey, Year)			

29b. SIGNATURE AND TITLE OF 31. DATE FILEO (Month, Day, Year) '91 DHMH-16 Rev 1/89

1 - STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

**MK KYINIX K KYX** X

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YE			DATE OF BIRTH (Month, Day, Year)		BIRTHPLAC Country)	CE (State or Foreign
	218-18-0837	1 📉 M 2 🗍 F	70	YRS.			9	/17/192			yland
(c)	9a. FACILITY NAME (If not institution, give					WN OR LOCATION			9c. COUNTY	OF DEATH	
DIRECTOR	Dorchester Gen	neral Ho	spital		Cai	mbridge	e		Do	orche	ester
l Ä l	10e. STATE 10b. COUNT			10c. CITY	r, TOWN OR L	OCATION				10d	. INSIDE CITY LIMITS?
		rchester	:		Cambr	ridge 1 YE					
3AL	10e. STREET AND NUMBER					101. ZIP COOE			10g. CITIZEI	OF WHAT	COUNTRY?
FUNER	4846 Bucktown		7 57/50 (0.110.45		1 40 1100	2161			US		
B	1 Never Married XX Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		ND	If yes	s, specify Cuben, 1 YES 2 X NO	Maxican, Pu	RIGIN? (Specify Yea ierto Rican, atc.)	or No	Black, Wh	American Indian, lite, atc. Vhite
윤	15. DECEDENT'S EOU (Specify only highest grad		(G	ilve kind of w	USUAL OCCUI	PATION g most of working		16b. KIND OF BUS	INESS/INDUS	TRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	•)	. Do NOT us		2		, ,			
M	17, FATHER'S NAME (First, Middle, Lest)			eli	Emplo		DIO NAME (	Lumber First, Middle, Meiden		. Ope	rator
	Thomas Aller	McColl	ictor				oel		surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	1 MCCOII		b. MAILING	ADDRESS (St			Meyer Number, City or Town	n, State, Zip Co	ode)	
2	Frieda B. McCo	ollister		484	6 Bu	cktown	Rd.	Cambri	dae.	Md.	21613
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Rec	novel from State		ANO OATE	OF OISPOSIT	TIDN (Name			CATION - CIT		
	4 Donation 5 Other (Specify)	noval from State	Dor.	Men Men		Park		5/21 Ca	mbrid	lge,	Md.
	21. SIGNATURE OF FUNERAL SERVICE L		0		22. NAW	E AND ADDRESS	OF FACILIT				Home
	> 1 Incell	R Itan	1-22-7		700	Locus	st St	t. Camb	ridge	, Mc	a. 21613
	23. PART I. Enter the diseases, or shock, or heart failure.				not enter the	mode of dying	y, such as	cerdiac or reapi	ratory arrea	t,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	COM/	A a								Onset and Death
	disease or condition resulting in death)	C 8/	Y A								
		DUE TO	OR AS A CONSE	ouence di mia	F): ,						
ON	Sequentially list conditions,	b. 79 972	ercalce	QUENCE OF	uca						
AT	if any, leading to immediate cause. Enter UNDERLYING	oce	cult (na	1 igh	anch 10	man	CU			į	
RTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE				1				
ERT	reaulting in death) LAST	d.					V				
CE	PART II. Other aignificant condition	na contributing to	daeth but not	resulting	in the under	riving cause giv	en in Pari	t I. 24s. WAS AN	AUTOPSY	24b. WEI	RE AUTOPSY FINDINGS
EDICAL		Renal	-	Unt	9			PERFOR	MED?	AMA	ILABLE PRIOR TO WPLETION OF CAUSE
	Left In	wer !	obe p		mo	wa		1 🗍 YES 2	∐ NO		DEATH? YES 2 NO
Σ.	7	<u> </u>	0							''	1123 2 110
IAN	25. WAS CASE REFERRED TO MEDICAL				. 2	8. PLACE OF OEA	TH (Check o	only one)			
SIC	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient :	DOA	OTHER:	Home 5 - Rask	dence 6 🗆	Other (Specify)			
PHY	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM	E OF 280	. INJURY AT WORK?	284	d. DESCRIBE HOW I	NJURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2	No				
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE D building,	F INJURY — At he etc. (Specify)	ome, farm,	street, fectory,	office	261	f. LOCATION (Street a City or Town, State)	and Number or	Rural Route	Number,
E											
COMPLET	(Check only one)										
00	2 MEDICAL EXAMIN	IER: On the basis of a	xamination and/or	Investigation	on, in my opini	ion, death occured	f at the time	, data and place, an	d due to the	cause(a) and	i manner as stated.
TO BE	White and title of certific	Mora	n,M	'A		A -	686		29d. DATE 5	IGHED (Mo	gth, Day, Year)
Ĕ	30. NAME AND ADDRESS OF PERSON W		SE OF DEATH (ITE	M 27) (Type	Print)	TREET	, Cam	bridge 6	MD H2	61/3/	613
	31. DATE FILEO (Month, Day, Year)	32. REGISTRY	R'S SIGNATURE	50	9.66						
	MAY 21'9	1 90	chia Davids	on-you	MARK						

Eldridge

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

Eugene McCollister

91 14798

3. TIME OF DEATH

4:15 AM

REG. NO. 2. DATE OF OEATH MONTH DAY

19

91

Mary

REGISTRAR		C	ERTIFIC	CATE OF	DEATH	REG	NO.			
1. DECEDENT'S NAME (First, Middle, Last)			1			2. DATE OF DEAT	TN DAY -	YEAR :	3. TIME OF DEATH	
	Reitta W	Thite		ME	EKS	MONTH /	1.1991		0438	
4. SOCIAL SECURITY NUMBER		8. AGE (in yrs. la	st birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	N	8. BIRTHPI	LACE (State or Foreign	
214-10-7657	1 M 2 A F	80	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Ye	10	Per	nnsylvania	
PENINSULA GENERAL		L		SALIS		EAIN		OMICO		
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			10c CITY	TOWN OR LOCA	TION			1	10d. INSIDE CITY	
	omico			alisbu					LIMITS?	
Rt. 12 Box 186				10	2 180 1		71	J.S.A.	IAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 🔀	RMED NO	If yes, s		NIC ORIGIN? (Speci an, Puarto Rican, et ify:		14. RACE - Black, Specify.	- American Indian, White, etc. : White	
16. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	18a. O/	ECEDENT'S US	SUAL OCCUPATION done during metered.)	ON ost of working	16b. KIND O	F BUSINESS/INC	JUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+) N/A	in		etary		C	onstuction			
17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S N.	AME (First, Middle, M				
Charles Ira Wa	ller					ertie (U				
190. INFORMANT'S NAME (Type/Print) Gloria Senkbeil		19		DORESS (Street		Bron, MD				
20e METHOD OF DISPOSITION 5	-14-91	20b. PLACI	E ANO OATE (	F DISPOSITION	(Name		c. LOCATION —		n, Stata	
4 Donation 5 Other (Specify)	1	Wi	comico	_	ial Park		Sal	isbur	У	
1500	Lella	lora	-	Ho:		uneral Ho		2.67	0.1001	
23. PART I. Enter the diseases, or o	100	-	7			l Rd. Sa			2 180 1 Approximata	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	D. Hes	OR AS A CONSE OF AS A CONSE	EQUENCE OF):	1	AL FIB.	Accedent A. ChATI	TON			
The same	1	ONJE	your -	rue	n for	yune.			<del> </del>	
PART II. Other aignificent condition	a contributing to d	Jeath but not	reaulting in	the underlylr	g cause given in	Pi	AS AN AUTOPSY ERFORMED? YES 2 100		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
				100						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient		OTHER:	ne 5 Residence	heck only one)  8  Other (Specif	M)			
27. MANNER OF DEATN	28a. DATE OF II (Month, Da)	INJURY	28b. TIME INJU	OF 28c. IN	JURY AT ORK?	28d. OESCRIBE		CURED		
2 Accident Investigation	28e. PLACE OF	INJURY — At h	nome, farm, str		YES 2 NO	28f, LOCATION (	Street and Numbe	er or Rural Re	outo Number	
3 Suicide 8 Could not be 4 Homicide detarmined	building, a	ntc. (Specify)	,,	,,,		City or Town,		. J		
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE									and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIE	1/-		-		29c. LICENSE NO	UMBER	29d. DA	TE SIGNED	(Month, Day, Year)	
MI	0	mr.			0-3	9813	•	51	113/91	
30. NAME AND ADDRESS OF PERSON WN					0.11		0.100:			
Dr. Michael Atl	32, REGISTRAF	J4 Heal	LEhway	Drive	Salishu	ry, MD	21801			
MAV 1 4 91	gu	ie dans	- Aland	L						

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the on ATTENDIAG DUVERNAM. The law remittee that the death certificate he executed within 24 h
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MAY 1 4 '91

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 5-5:15 Maggie May Moore 9 91 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 🗌 M 2 🗔 F YRS. 87 10-11-03 214-12-6526 Maryland permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SALISBURY NURSING HOME SALISBURY, WICOMICO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10e. STATE 10d. INSIDE CITY Wicomico Salisbury 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. Walston Switch Road 21801 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married 3 ₩ Widowed 4 Divorced BY White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) 7 Years the hospit Housewife 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 9 Ħ after death. Page 6 may be retained by Ernest Grav Grauemor Laura Elizabeth Parker BE funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 9 Box 218 Salisbury, MD 21801 Dorothy G. Ybung å 20a. METHOD OF DISPOSITION 5 13 0 1 20b. PLACE AND DATE OF DISPOSITION (Name 28c. LOCATION - City or Town, State DATE must of cemetary, cremator 4 Donation 5 C Other (Specify) Parsons Salisbury, Maryland Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Holloway Funeral Home, PA 21801 501 Snow Hill Rd Salisbury, MD filled in by the the medical 23. PART i. Enter the diseases, or complications that cause the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one ceuse on interval Between cremation, or **Onset and Death** IMMEDIATE CAUSE (Final disesse or condition resulting in death) the attending physician and completely if Mental Hygiene prior to burial, crematic aco-or event, DUE TO (OR AS A CONSEQUENCE OF) all ocal traumatic CERTIFICATION Sequentially list conditions, DUE TO (OH AS & CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL s been signed by th pt. of Health and N PERFORMED AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 10 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED marked, After this co 1 Natural 6 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 3 Suicide 6 Could not be COMPLETED 28 4 Homicide tem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL O
TO THE FUNERAL D
Be filed within 72 ho
IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED, (Month, Day, Year) BE 2 14 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 21801 William Robins 1104 Healthway Dr. Salisbury, MD

32. REGISTRAR'S SIGNATURE

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The state of the s

IMORE, MARYLAND 2

DIVISION OF VITAL RECORDS, P.O. BOX 68/60,  TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FINERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaiched to be fined with 12 hours after death with the State begt, or Health and Mental Hygiene prior to build, certainon, or removal.  MENDARANT: It has 28 is marked, or them 23 shows any lattur, or other transmitter veets, the medical examiner must be notified at once.
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ransit permit. Pages 1, 2, 3 should

1. DECEDENT'S NAME (First,	Middle, Last)	20	/					MONT	OF OEATH	DAY	YEAR	3. TIME OF DEATH	
MARGIE	2	Mein	INIZ	e					35	13	91	0815	
4. SOCIAL SECURITY NUMB	ER	5. SEX	1	yrs. last birthday	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE	OF BIRTH h, Day, Year)		8. BIRT	HPLACE (State or Foreign	
218-20-65	58	1 🗌 M 2 🌁	€ 9	8 YRS.	MONTHS	DAYS	HOURS MIN.		-16-1	892		laryland	
9a. FACILITY NAME (If not ins	stitution, give s	street and number)			9b. CITY	r, TOWN	OR LOCATION OF D	DEATH 9c. COUNTY			INTY OF	Y OF DEATH	
PENINSULA GE							ISBURY			W	ICOM	ICO	
10a. STATE	10b. COUNT	Υ		10c. C	HTY, TOWN	OR LOCA	TION					10d. INSIDE CITY	
Maryland					Sa	alis	bury				1 NES 2 NO		
10e. STREET AND NUMBER						10	f. ZIP CODE			10g. CI1	FIZEN OF	WHAT COUNTRY?	
118 Spinn	ackei	Driv	е				2180	1			U.S		
11. MARITAL STATUS		12. WAS OECE	DENT EVER IN	U.S. ARMED			CENDENT OF HISPA			es or No—	14. RA	CE — American Indian, ck, White, etc.	
1 Never Married 2 3 Widowed 4 Divo				TES			2 NO Spec		cen, with		Spe	ocity:	
					1							hite	
(Specify only	highest grade			(Give kind	'S USUAL O of work done 'use retired.)	during me	ON ost of working	161	. KIND OF BU	JSINESS/IN	IDUSTRY		
Elementary/Secondary (0-	-12)	College (1-4 o	₹ 5 +)										
8 17. FATHER'S NAME (First, Mi	data Looth			Hou	sewi	re		1110 000	8.81.8.M. 8.8.1.1	. 0			
							18. MOTHER'S N			ii Sumame)			
LEWIS L.		aen		106 114"	NO ADDDES	0 /0-	COTS		_	our State T	'm Code'		
												0.400.4	
NOTMAN N 20a. WETHOD OF DISPOSITI		vre		PLACE AND D								21801 Town, State	
1 D Buriel 2 - Crematio	n 3 🗆 Ren	noval from State		emetary, cremat	ory or other p	place)		DAT					
4 Donation 6 Other  21. SIGNATURE OF FUNERAL	(Specify)		- SN	and the second			mm 8 ~~	5	/16 P			Ma 21	
	SERVICE II	CENSER	-	Sty	Indre	JWS.	Epis	ACH ITY		<u>r</u> . <i>P</i>	VIII (1	, Md. 21	
21. SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE		)	indre		Enis NU AUUNE - F inman F	ACILITY			<u> Ininis</u>	MU. ZI	
23. PART I. Enter the di	seeses, or part fallure.	complications Liet only one	cause on ea	the death. Deach line.	o not enter	H: P: r the mo	inman F rincess ode of dylng, su	UNE: Ant	ral H ne. M	ome	185		
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin	seeses, or part failure.	complicationa Liet only one a	Cause on ea	the death. Deach line.	o not enter	H: P: r the mo	inman Frincessode of dying, su	UNE: Ans ch as car	ral H ne. M	OME d. 2 piretory a	185	Approximata Interval Betw	
23. PART I. Enter the dishock, or he immediate Cause (Fin disease or condition resulting in death)  Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injurt that initiated events	seeses, or sart failure.	complicationa Liet only one a. Cell Due b. Due c. A Due d	COLOR AS A	the death. Dich line.  WASCUS CONSEQUENCE CONSEQUENCE CONSEQUENCE ut not resulting	o not enter	H: P: r the more solutions of the control of the co	inman Frincess ode of dying, su  Dent, 1	AC C	ral H ne. M rdiec or res  Tech  Con  246. WASA	OME d. 7 piretory a	2185 rrest,	Approximata Interval Betw Onset and D. G. Oldan School Control	
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23. PART I. Enter the dishock, or he shock,	ons, dilate NG ry T Conditio	complicationa Liet only one a	TO (OR AS A  TO (OR AS A  TO (OR AS A  TO (OR AS A  TO (OR AS A  TO (OR AS A  TO (OR AS A  TO (OR AS A  TO (OR AS A  TO (OR AS A  TO (OR AS A  TO (OR AS A  TO (OR AS A	the death. Dich line.  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  The second	o not enter  OTHE  OTHE  A 1 Nutrime OF  INJURY  Mm, street, fac	r the modern the moder	inman Frincess ode of dying, su  Dent /  Plone  g cause given in  PLACE OF DEATH (C)  me 5   Residence  JURY AT  ORK?  YES 2   NO  ce	ACLITY UNC: Ans car Chas car Coul Check only c 281. LO Check only c 281.	Tal H  Te. M  Tel M  Te	OM 8 d 2 piretory a  N AUTOPS PRIMED? 22 NO  I INJURY O  I INJURY O  I and Numb  I and dua to	CCURED tated.	Approximate Interval Betw Onset and Donset a	
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BALTIMORE, MARY AND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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J.	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND			HEALTH AND I		HYGIENE REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)  ARADO    6	McKinstk	(nmn)	McKi	nstry	2. DATE OF MONTH	DEATH DAY	91	AR 3. T	TIME OF DEATH	
	144-03-8013	SEX 6. AGE (In ym.	YRS.	ONTHS DAYS	HOURS MIN.		1,1906	Ë	enns	ce (State or Foreign sylvania	
HOI.	9a. FACILITY NAME (If not institution, give street Fallston C-chek RESIDENCE OF DECEDENT	1 11 /	al	b. CITY, TOW	1)15ton	EATH		Ho. COUNTY	IR C	ord	
DIME	10e. STATE 10b. COUNTY  Maryland Har	ford		TOWN OR LO				10d. INSIDE CITY LIMITS? 1 TYES 2 TO NO			
UNEHAL	100. STREET AND NUMBER 811 Fisherman Lane				21040		1	10g. CITIZEN OF WHAT COUNTRY?			
DY TON	11. MARITAL STATUS  1. Never Merried 2 Merried   Merried				ECENDENT OF HISPAN apecify Cuban, Maxica ES 2 1 NO Specify	n, Puerto Rice			RACE — A Black, Wh Specify: Whi	American Indian, lite, atc.	
releu	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)  8	ON 16a. sollege (1-4 or 5 +)	DECEDENT'S US (Give kind of wor life. Do NOT use Waitre	rk done during retired.)	TION most of working	16b. KI	nd of Busin Res	ess/indust			
E COMP	17. FATHER'S NAME (First, Middle, Last)	nstry	18. MOTHER'S NAME (First, Middle, Meiden Clara May Alle								
	190. INFORMANT'S NAME (Type/Print) Margaret R. McKins		811 Fi	sherma	n Lane, E		od, Md	. 210	40		
	20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	from State Bel	CE OF DISPOSIT	moria]		otion — City or Town, Stata					
	21. SIGNATURE OF FUNERAL SERVICE LICENS SECURAL KN	clones	111	22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral 1317 Cokesbury Road, Abingdon,					Hom Md	P.A.	
	23. PART I. Enter the diseases, or comshock, or heart feilure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)		0	ST2	node of dying, auc	h as cerdia	c or reapirat	tory arrest		Approximate interval Between Onset and Death	
EHILICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	702-200-2								
MEDICAL C	PART II. Other algolificent conditions of	ontributing to death but no	ot resulting in	the underly	ring ceuse given in		4a. WAS AN AU PERFORMI	ED?	AMA COI OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	heck only one)					
200		OSPITAL: Inpatient 2 - ER/Outpatient	B 3 DOA		ome 5 - Residence	6 🗆 Other (S	Specify)				
	27:MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		INJURY AT WORK? YES 2 NO	28d. DEŞCF	LNI WOH 36IF	URY OCCUR	ED		
IED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — Ai building, atc. (Specify)	t home, farm, str	rest, factory, c					reet and Number or Rural Route Number, State)		
COMPLE	CONSON COLUMN	N: To the best of my keypeledge On the basis of examination and							A	d manner as stated.	
O BE C	290 SIGNATURE AND TITLE OF CERTIFIER	74			29c. LICENSE NU	MBER	,	DATE S	W/	Complete ( )	
	30. NAME AND ADDRESS OF PERSON WHO C	GIVET	101	Tes.	The	el	Un	- X	3	QB. =	
	31. DATE FILED (Morth, Day, Year)	HE REGISTRAN'S SIGNATUR							1	41.	

BALTIMORE, MARYLAND 21203-

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR	CERTIFICA	TE OF DEATH	REG. NO.					
1	1. DECEDENT'S NAME (First, Middle, Last)  VIRGINIA RUT	H MILL	LER	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A	GE (In yrs. lest birthday) IF UI  ALO YRS. MONT	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/15/1951	6. BIRTHPLACE (State or Foreign Country) Tennessee				
	9s. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF D		COUNTY OF DEATH				
DIRECTOR			FALLSTON		HARFORD				
E I	10a. STATE 10b. COUNTY	10c. CITY, TOV	VN OR LOCATION		10d. INSIDE CITY				
LDIR	Florida Hillsboro		Tampa  101. ZIP CODE	Los	LIMITS?  1   YES 2 □ NO  CITIZEN OF WHAT COUNTRY?				
FUNERAL	Box 295 Rt. 12 Old	Highwa Memorial		3635	U.S.A.				
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVIFORCES 7 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ER IN U.S. ARMED /ES 2	13. WAS DECENDENT OF HISPAL I1 yes, specify Cuben, Mexico 1 YES 2 NO Specif	nn, Puerto Ricen, etc.)	o- 14. RACE - American Indien, Black, White, etc. Specify: Caucasian				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USUA	one during most of working	16b, KINO OF BUSINES					
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5 +)	House	ed.)	Но	ome				
OM	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden Surna					
	Heiskell Parmer H	owe	Neels		White				
BE	19e. INFORMANT'S NAME (Type/Print)		RESS (Street and Number or Rural						
2	Shirley Kupisch	2626 H	ess Road	Fallston	. Md. 21047				
	20a METHOD OF DISPOSITION 1 GB Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)		Name of cemetery, crematory or	Date 20c LOCATIO	N - City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	MISEBULE C	22. NAME AND ADDRESS OF FA	ACILITY	e naii, maryia				
	> 11. Gladden Kur	1/11	Jarrettsy	neral Home	rland				
TION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart feliure. List only one cause on each line.    IMMEDIATE CAUSE (Fine)								
CERTIFICATION	resulting in death) LAST	AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other algorificant conditions contributing to dea	th but not resulting in th	e underlying couse given in	1 Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 N	2 AVAILABLE PRIOR TO				
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)					
SIC	EXAMINER?  1 YES 2 NO 1 Napetient 2 ER		HER: Nursing Home 5 - Residence	6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 6 Pending  28a. DATE OF INJU (Month, Day, Ye	URY 26b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJUR	Y OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF IN building, etc.	JURY — At home, farm, street (Specify)	, fectory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of exami								
BE	296. SIGNATURE AND TITLE OF CESTIFIER	a.D.	29c. LICENSE NUMBER  MD D0 (8779) > 5/20/9/						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF		referald. Fall	Stan MD 3	21047				
	31. DATE FILED MARY, Day, York 91 32. REGISTRAR'S		47		·				

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE O	F DEATH	REG. NO	).			
1. DECEDENT'S NAME (First, Middle, La	ist)	TITAL			2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEATH		EATH
Miranda	Ariel	Mitcl	hell		05 14		991	2:25	D M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birthday)	IF UNDER 1 YEAR					PLACE (State or	Foreign
East to the second	1 🗆 M 2 💢 F	YRS.	89 PY	HOURS MIN.	April 6,	1991	Mar	iyland	
9a. FACILITY NAME (If not institution, gi	ve street and number)		9b. CITY, TOW	N OR LOCATION OF D		9c. COU	INTY OF D	EATH	
Greater Beltsvil	le Laurel Hos	spital	Lauer	1		Pri	nce (	Georges	3
RESIDENCE OF DECEDENT  10a, STATE  10b, COU			TOWN OR LO	CATION				10d, INSIDE C	
	vard	Jest		CATION				LIMITS?	
10e. STREET AND NUMBER	wia	1 7684	sup	10f. ZIP COOE		100 CIT	IZEN OF Y	1 X YES 2	
8033 Red Jacket				20794				S.A.	
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEDENT EVER FORCES? 1 2 YE	IN U.S. ARMED			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No-	14. RACE Black	E — American Ir k, White, atc.	ndian,
3 Widowed 4 Divorced	IF YES, GIVE WAR OR			ES 2 NO Speci			Speci	White	
15. DECEDENT'S I (Specify only highest g.		16a. OECEOENT'S U			16b. KINO OF BI	JSINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 8+)	Me. Do NOT use	retired.)	most or worming					
N/A  17. FATHER'S NAME (First, Middle, Last)		N/A							
Bobby J. Mitchel					AME (First, Middle, Maide L. Gable	n Surname)			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Stre		Route Number, City or To	wn, State, Z	ip Code)		
Bobby J. Mitchel	'l				Jessup, M			20794	
20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☑ Cremation 3 ☐ F		20b. PLACE AND DATE (	OF DISPOSITI	ON (Name		OCATION -			
4 Donation 5 Other (Specify)	tamoval from State	Metro Cre	natori	1	5/16 Ca	tonsv	ille	, Maryl	Land
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	11	22. NAME	AND ADDRESS OF F	reral Home	DA			
* Khill it	Jog Landel	-ey			lve. Laure			nd 2070	7
23. PART i. Enter the disesses,								Approx	
shock, or heert felid IMMEDIATE CAUSE (Finel	fre. List only one ceuse on	eech line.							Between
disease or condition	CHOOPEN 1	NEANT PE	HTA	CUNDROM	E (CIDS	)			
resulting in deeth)		S A CONSEQUENCE OF)			(31)	1			
	<b>r</b> 6								
Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF)	:						
CAUSE (Disease or Injury	c								
that initieted events resulting in deeth) LAST	DUE TO (OR AS	S A CONSEQUENCE OF)	:						
Total and a death) Exot	d							-	
PART II. Other significant condi	itions contributing to desth	but not resulting in	the underly	ying ceuse given in		N AUTOPSY	248	b. WERE AUTOPS	
						ORMED?		COMPLETION D OF DEATH?	
								1 YES 2	□ NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?				PLACE OF DEATH (C	heck only one)				
1 X YES 2 □ NO	HOSPITAL: 1 ☐ Inpetient 2 XER/O	utpatient 3 DOA	OTHER: 4 Nursing h	iome 5 🗆 Realdence	6 Other (Specify)				
27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 28c.	INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY O	CCURED		
1 Natural 5 Pending 2 Accident Investigate				YES 2 NO					
3 Suicide 6 Could not	building, etc. (S	IRY — At home, farm, at pecify)	reet, factory, o	office	28f. LOCATION (Street City or Town, State		er or Rural	Route Number,	47.7
4 Homicide datarmine	×d.								الساد
29a, CERTIFIER (Check only	HYSICIAN: To the best of my kn	owledge, death occurred	d at the time, o	data and place, and du	a to the cause(a) and m	anner as st	ated.	200	
	MINER: On the beals of axemine	tion and/or investigation	, in my opinio	n, death occured at th	e time, date and place,	end due to	the ceuse(	a) and manner a	na stated.
296 SIGNATURE AND TITLE OF CERT	TRIER ()////	h 1		29c. LICENSE NO	JMBER	29d. DA	TE SIGNE	D (Month, Day, Ye	ser)
Mellen F	AKUL	A M		0.01	M. E.	<b>&gt;</b>		1001	
30. NAME AND ADDRESS OF PERSON	the Parameter	DEATH (ITEM 27) (7)00,	Print)	0,0,1		- 0	16	1991	
MARIOF GOLLB	JR. 1WD			Street,	Baltimore	Mary!	Land	21201	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE PANGLE							
MAY 1 6 '91	groma was	14301-Mariem	repto						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending to the property of the physician and completely filled in by the hineral director, page 5 should be detached for use at the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215

3. TIME OF OEATH

2. DATE OF OEATH
MONTH
5

9 DAY

91

BALTIMORE, MARYLAND

	Virginia	Case	Marsh					5 9 DA	9"	EAR	5:55 A
	4. SOCIAL SECURITY NUMBER 521-09-3293	6. SEX	6. AGE (In yrs. lest to		IF UNDER 1 YEAR	IF UNDER	24 HRS. 7	Month, per Veer)	112	BIOTHO! AC	E (State or Foreign lorado
	90. FACILITY NAME (If not institution, gi		19		b. CITY, TOWN	OR LOCATIO			9c. COUNTY		
E C	Memorial Hospital			Easton					albot County		
اظ	RESIDENCE OF DECEDENT			10c. CITY.	TOWN OR LOCA						INSIDE CITY
DIRECTOR	Maryland T	albot Co	untv		aston					200	LIMITS? YES 2 NO
ERAL	10e. STREET AND NUMBER		10f. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			COUNTRY?	
E E	29247 Woodridge Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U			21601			-		USA		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO	ED	If yes, s	pecify Cuber		ORIGIN? (Specify Yes Puerto Rican, etc.)	or No.	Black, Wh	merican Indian, ite, etc. Thite
밀	15. DECEDENT'S I (Specify only highest g	EOUCATION raide completed)	(Give	kind of wor	SUAL OCCUPAT	ION lost of worldn	9	16b. KIND OF BUS	SINESS/INDUST	TRY	
PLET	Elementary/Secondary (0-12) Coffege (1-4 or 5+) Unknown			Me. Do NOT use retired.) Administration				Building Supply Co.			
COMPL	17. FATHER'S NAME (First, Middle, Last)			22011	1111110	_		(First, Middle, Meiden		Supp	1y 00.
BE C	Osmond		Cas	е		Н	enri	etta			Smith
2	19e. INFORMANT'S NAME (Type/Print)	16	196.	MAILING A				ute Number, City or Town			
	Mr. Case Mars	sn	29	Z47	WOOGE	467	Dri	ve, East	on, Ma		
	SQurial 2 ☐ Cremation 3 ☐ F	Removal from State			s Cen		V	/11/91			City, N
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	/			AND ADDRES	9 0	/ / /			
	Etolinabell	er He	/ Mo	0535	5	Elli	cott	City,			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	. In	OR AS A CONSECU-	net	obs Se	hus woll	kn	cholyte u	ferun beri	I.	
MEDICAL	PART II. Other algorificant conditions contributing to feath but COPD with Churu Peripheral Variable			a Disen			jiven in P	PERFOR	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO 24b. WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHER:	PLACE OF D		1250			
တ္	1 TYES 2 NO	-	ER/Outpatient 3	28b. TIME	OF 28c. II	JURY AT		Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUP	RED	
	27. MANNER OF DEATH  1 Netural 5 Pending Investiget	(Month, E	Day, Ybar)	INJU		YES 2	NO				
ED BY		(Month, E	OF INJURY — At home etc. (Specify)		M 1	YES 2		281. LOCATION (Street City or Town, State)		Rural Route	Number,
ETED BY	1 Netural 5 Pending Investiget 3 Suicide 6 Could not determine  29e. CERTIFIER (Check only 1 CERTIFYING P	(Month, E	OF INJURY — At horr etc. (Specify)	ne, farm, sti	M 1	YES 2	, end due to	City or Town, State) the cause(a) and mai	nner as stated.		
BE COMPLETED BY	1 Netural 5 Pending Investigeti 3 Suicide 6 Could not determine  29e. CERTIFIER (Check only one) 2 MEDICAL EXAL  29b. SIGNATURE AND TITLE OF CERTIFIER OF CERTIFIER AND TITLE OF CERTIFIER	(Month, E be did wilding, did w	of injury — At homete. (Specify)	th occurred	M 1	te end place death occur	ond due to	o the cause(a) and mai	nner as stated.	cause(a) and	f manner as stated.
E COMPLETED BY	1 Netural 5 Pending Investiget 2 Accident 5 Could not determine 29. CERTIFIER (Check only one) 2 MEDICAL EXAM	MONTH, E  the did See. PLACE of building, did See. See See See See See See See See Se	of injury — At homete. (Specify)	th occurred	M 1	te end place death occur	ond due to	City or Town, State) the cause(a) and mai me, date and place, ar	nner as stated.  and due to the company to the comp	cause(a) and	f manner as stated.

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BALTIMORE, MARKLAND 27215-0020	ter death. Page 6 may be retained by the house.	the funeral director, page 5 should be detacted for the part of the burna-transit permit. Pages 1, 2, 3 should beat.	al examiner must be notified all once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the normal manner permitten.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected by the beauth with the State Dept. of Health and Mental Hyglene prior to burfal, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified aligning.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- STATE REGISTRAR	STATE OF MARYL	CERTIFIC				REG. NO.	91	14806	
1. DECEDENT'S NAME (First, Middle, La: MARIE ROSI					2. DATE OF MONTH	DEATH	'511 3	5:00 AM M	
4. SOCIAL SECURITY NUMBER 014-03-2455	1 M 2 AF		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF Month, 6	BIRTH 910	6. BIRTHPL Country) Mass	ACE (State or Foreign	
3205 Old Fence					ty sc. county of death Howard				
RESIDENCE OF DECEDENT 104. STATE 10b. COU	DUNTY 10c. CITY, TOW			City			od. INSIDE CITY LIMITS?  YES 2 100		
3205 Old Fen	ence Road			101. ZIP CODE 21043			U.S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN: If yes, specify Cuban, Maxican, Puerio R 1 VES 2 NO Specify:					
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12 years	DUCATION ade completed) College (1-4 or 6+)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use of Secret	k done during mo retired.)	N at of working		Reality	IDUSTRY		
FATHER'S NAME (First, Middle, Last) Donat Marcotte				18. MOTHER'S NAME (First, Middle, Melden Surname) Armenia Pigeon					
Pamala I. Mu:	rphy					City or fown, State, 2		y, MD 210	
23. PART I. Enter the diseases, shock, or heart fallust the shock of t	a. DUE TO (QA AS	A CONSEQUENCE OF:	ilure Lu	de of dying, suc	ch as cardia	c or respiratory a	errest,	Approximate Interval Between Onset and Destrict S Day	
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DERLYING or Injury out to (or as a consequence of):								
PART II. Other aignificent condi	ona contributing to death but not resulting in the underlying cause given i			Part I. 24a. WAS AN AUTOPS PERFORMED?  1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
5. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
1 U YES 2 NO	1 Inpatient 2 ER/Out  26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN.	URY AT		Specify) RIBE HOW INJURY C	CCURED		
Netural 5 Pending investigation 3 Suicide 6 Could not detarmine	26e. PLACE OF INJUR building, etc. (Sp	IY — At home, farm, str	M 1 🗆	YES 2 NO	281, LOCAT	OCATION (Street and Number or Rural Route Number, ity or Town, State)			
a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								and manner as stated.	
OL SOUNATURE AND TITLE OF CHIT				Sec. LICENSE NU			ATE SIGNEO (Month, Day, Year)		
1055 WHE	Street Palicy	EATH (ITEM 27) (Type, F		(	tec	it Dies	on v	ир	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		1				-/-		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for the table.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	supportant: it is an 28 is marked or lies 23 shows not injury or other traumatic event, the medical examiner must be notified at once.
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王	F	file	Odi
2	12	2	B

FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO		14807
1. DECEDENT'S NAME (First, Middle, LI ELWOO	D, MEL		LLOR	2. DATE OF DEATH	MAY Y	3. TIME OF DEATH
577-09-0329	5. SEX 8. AG		UNDER 1 YEAR F UNDER 24 HRS. NTH6 DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
St. Agnes Ho	spital	96	Baltimo	re City	BOLL S	OF DEATH
RESIDENCE OF DECEDENT			tonsville			10d. INSIDE CITY LIMITS? 1  YES 2 NO
00. STREET AND NUMBER 98 Smi	thwoods Kver	ue	101. ZIP CODE 21228			OF WHAT COUNTRY?
1. MARITAL STATUS    Never Married 2   Merried	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 NO	13. WAS DECENDENT OF HISPA If yes, specify guben, Mexic 1 YES 2 NO Spec	ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	e or No 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n Photo-f:	done during most of working	Easte		oto Lab
7. FATHER'S NAME (First, Middle, Last, James T.	Mellor			AME (First, Middle, Maide atherine		erill
Paul R. Mel	lor		Ft. Smallwoo			
IMM DIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. BRONCH. DUE TO (OR AL	PUEUM  A CONSEQUENCE OF:  LOBE  A CONSEQUENCE OF:	IONIA, BILA	TERAL	Lowe	Onset and Death
If any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	с	A CONSEQUENCE OF):				
PART II. Other significant cond	tione contributing to death	but not resulting in	the underlying couse given i		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PLACE OF DEATH (COTHER:  Nursing Home 5  Residence			
7. MANNER OF DEATH Natural 5 Pending	28e. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME (	OF 28c, INJURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED
2 Accident rivertigat 3 Suicide 8 Could no 4 Homicide determine	28e. PLACE OF INJU	RY — At home, farm, strepecify)	et, factory, offica	281. LOCATION (Stree City or Town, Stat		Rural Route Number,
CONNECTION OF THE PARTY OF THE			at the time, date and place, and di			
296. SIGNATURE AND TITLE OF CERT	Pelaz	ar MI	29c, LICENSE N	9990	29d. DATE S	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	PELC	ZAR M	D		
B1. DATE FILED (Month, Des Year)	A. BEGISTHAR'S SI	GNATURE				

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1 - FOR STATE REGISTRAR

- 1	1. DECEOENT'S NAME (First, Middle, Last)  ALPHEOUS  8.	)// C==							2. DATE OF DEATH DO NONTH DO NOTH	NY	YEAR 3.	2:45p
	4. SOCIAL SECURITY NUMBER 578 10 5246	8. SEX	6. AGE (In yrs. le:		IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)  12/30/1	910	BIRTHPLA Gountry), North	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give s GBMC 6701 NO	treet and number) ORTH CHA	RLES ST		9b, CITY, 1		SON	N OF DE	EATH		LT IMO	
	10a. STATE 10b. COUNT	LTIMORE			TOWN OR			ngs	Mill		1000	d. INSIDE CITY LIMITS? YES 2 NO
	100. STREET AND NUMBER 10729 PARK HE	IGHTS A	VE			101.	ZIP CODE	117		10g. CITIZ		T COUNTRY?
	11. MARITAL STATUS  1 Never Married 2 Married  3. Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		RMED NO	lf :	/es, spe			HC ORIGIN? (Specify Yearn, Puerlo Ricen, etc.)	or No-	Black, W	American Indian, thita, atc. White
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7 2		·) (C	ECEDENT'S L Give kind of w e. Do NOT use OLICE!	ork done du retired.)	UPATIO	N st of working	7	Distric			ι
	17. FATHER'S NAME (First, Middle, Leet) Hezra Masters								ME (First, Middle, Maiden かいとり	Surname)		
	190. INFORMANT'S NAME (Type/Print)  Kenneth Master	rs		1 2533					Route Number, City or Tow 1. 99 High	Land,	Md.	20777
	20r. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)			ge Wal				eter			city or Town,	sum Lyland
	21. SIGNATURE OF FUNERAL SERVICED	ENSEE K	n-	_					ieral Home Ivenue La		, Mary	yland 207
	iMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO	OR AS A CONSE OR AS A CONSE O, whether (OR AS A CONSE Morie Co	EQUENCE OF	eti ac	ido	zis					Onset and Dea
	PART II. Other aignificant condition  Direction	na contributing to	deeth but not	resulting is	n the und	erlying	g cause g	iven in	Part i. 24a. WAS AN PERFO	RMED?	AV CC Of	ERE AUTOPSY FINDING BILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:		- 17		eck only one)  8  Other (Specify)			
	27. MANNER OF DEATH  Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY	28b. TIME	OF :	8c. INJ	URY AT PRK? YES 2		28d. DESCRIBE HOW	INJURY OCC	CUREO	
	3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — At h atc. (Specify)	nome, ferm, s	treet, tacto	y, offic	•		28t. LOCATION (Street City or Town, State		or Rural Rout	te Number,
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS								to the cause(a) and ma			nd menner as stated.
	296. SIGNATURE AND TITLE OF CENTRE	Bul	M. 0				29c. LICE	NSE NU	MBER	29d. DATI	-//	onth, Day, Year)
2		HERLIHY	1, M.O.	EM 27) (Type,	Print)	K.	RN.	BRET	TIMBLE, MI	g. Z/	2/2	
- 17	31. DATE FILED (Month, Day, Year)	32, REGISTRA	AR'S SIGNATURE									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

14808

transit permit. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	91 14809
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	Dethorne	Moore			91 12:40 AM
		SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	7/7 00 1110	XM 2   F   37 YAS.		11-22-1936	North Caeolina
~	9a. FACILITY NAME (If not institution, give atreet	and number)	9b. CITY, TOWN OR LOCATION OF D		NTY OF DEATH
0	Memorial Hosp	ital	Easton	Ta	1bot
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
		coline De	enton		1 TYES 2 NO
FUNERAL	RI. 2 Box 40 C		10f, ZIP CODE	10g. CITI	ZEN OF WHAT COUNTRY?
JNE I		. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea or No	14. BACE — American Indian.
	1 Never Married 2 Married	FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Maxico 1 YES 2 NO Specific	an, Puerto Rican, atc.)	14. RACE — American Indian, Black, White, atc.
BY C	3 Widowed 4 Divorced				Black
TED	15. DECEDENT'S EDUCATI (Specify only highest grade com	ON 16a. DECEDENT'S ( (Give kind of w life. Do NOT use	JSUAL OCCUPATION ork done during most of working	166. KIND OF BUSINESS/INC	Eliza Lina
7	Elementary/Secondary (0-12)	4 VRS. + PRi	ncinal	board of a	agcation
CÔMPLET	17. FATHER'S NAME (First, Middle, Lest)	7783.11	18. NOTHER'S N	AME (First, Middle, Maldep Surname)	CO
BE C	Joseph Moor	e	HROE	pella Moor	e
10 B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural		
-	Hannah Moore	K+,#	2 BOX 40.C	Denton, Md	21629
	20a. METHOD OF DISPOSITION  1 M Burial 2 Cremation 3 Removal	from State of competary, crematory		DATE 200 COCATION -	City or Town, Stata
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SETIMATE LICENSE	Md. Vet	22. NAME AND ADDRESS OF F	WILLY DEWIG	n. 110, 9/695
	138 16	The state of the s	DADWAR	of the state of	AL SULT
	23. PART I. Enter the diseases, or com	plications that caused the death. Do n	ot anter the mode of dying, such	ch as cardiec or respiratory sr	rest, Approximete
		only one cause on each line.		,	Interval Between Onset and Death
	disease or condition resulting in dasth)	Alexan Card	Li Centalia	estary Cra	MA IHR
	readiting in destri)	DUE TO (OR AS-A CONSEQUENCE OF	blasse M	1	
N	Sequentially list conditions, b	222222			4
ATI	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF	):		
FI	CAUSE (Disease or injury that initiated events	DUE TO (DR AS A CONSEQUENCE OF	):		
CERTIFICATION	resulting in death) LAST				
L C	PART il. Other significent conditions o	ontributing to death but not requiting in	n the underlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
≪	Dialiela	us Otters	in all allacitying ocaso given i	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Endergo	verial disa	CAP .	1 VES 2	OF DEATH?
	Suggester	Somewin			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CERTAL	28. PLACE OF DEATH (C	heck only one)	
YSIG	1 TYES Z NO	OSPITAL: Uppetient 2   ER/Outpetient 3   DOA	OTHER: 4  Nursing Home 5  Residence	8 Other (Specify)	133
F	27. MANNER OF DEATH  Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. TIMI	URY WORK?	28d. DEŞCRIBE HOW INJURY OC	CCURED
B	2 Accident Investigation	28e. PLACE OF INJURY At home, ferm, a		204 LOCATION (Stand and Musta	as Court Courts Marshay
ED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	reet, ractory, office	281. LOCATION (Street end Number City or Town, State)	or nural nouse number,
COMPLET	29a. CERTIFIER CERTIFYING PHYSICIA	N: To the best of my knowledge, death occurre	d at the time date and place, and du	a to the course(s) and manner as etc	and .
MP	CONSTRUCTION OF THE PROPERTY O	On the basis of examination end/or investigation			
	290. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NO	IMBER 29d. DA	TE SIGNED (Month, Day, Year)
BE C	( ACTIVILLE O	DESTIGNA	111 12	7409 > 5	5-4.91
2	30 HANE AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print)		
	31. DATE FILED (Month, Cer. Year) 9 1	32. REGISTRAR'S SIGNATURE	80		
	0 0 01	and the state of t			

91

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	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	PAN	YEAR	3. TIME OF DEAT
		therman	Miller					/91 "		2:00
-1	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birth	MONTHS		F UNDER 24 HRS.	7. DATE OF E (Month, De	HRTH y, Year)	8. BIRTHI Country	PLACE (State or Fo
	216-03-7514	1 X M 2 - F	80 Y	RS.	J	oona win.	12/	21/10	M	ID
	9a. FACILITY NAME (If not institution, give a	street and number)		9b. CIT	Y, TOWN OR L	OCATION OF OE			COUNTY OF DE	EATH
5	9017 Treesda	ale Drive						Talbo	ot	
DIRECTOR	RESIDENCE OF DECEDENT									
Ĭ,	10s. STATE 10s. COUNT		100	c. CITY, TOWN						10d. INSIDE CITY
ā	MD Ta.	lbot		E	aston	1				1 X YES 2
A	10e. STREET AND NUMBER				10f. ZII	P COOE		10g.	CITIZEN OF W	HAT COUNTRY?
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FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVE	ED IN II S ADMED	T 42		DENT OF HISPAN	IC OBIOINS /P	nooth. You on No		— American Ind
5	1 Never Married 2 Married	FORCES? 1 Y	ES 2 NO	13.	If yes, specif	y Cuben, Mexica	n, Puerto Rica		Black	, White, etc.
⋒	The same and a same a same a same a same a same a same a same a same a same a same a same a same a same a same					XNO Specify	:		Specifi	
	4. 5555	1					T		Whi	<u>te</u>
ETEO	15. DECEDENT'S EDU (Specify only highest grade		(Give kir	NT'S USUAL C	during most o	f working	16b. KIN	D OF BUSINES	S/INDUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	10.55	NOT use retired.)						
₹ L	12		Mi	niste	er			Relig	ion	
COMPL	17. FATHER'S NAME (First, Middle, Last)				18	B. MOTHER'S NA			,	
	Oric Miller					Leo	ta Le	ather	nan	
H H	19a. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRES	S (Street and	Number or Rural F	oute Number (	Olty or Town. Stat	e. Zip Code)	
2	Mary Miller					le Dr				21601
-										
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Rem	noval from State	20b. PLACE AND of cemetary, cren	DATE OF DIS	POSITION (Na plage)	ame	576	20c. LOCATIO	N — City or To	
	4 Donation 6 Other (Specify)		of cemetary, crem					Cord	dova,	MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22		ADDRESS OF FA				
	1		1			nam Fu				
	23. PART I. Enter the disesses, or					S. Ha				Approxi
-	iMMEDIATE CAUSE (Final disease or condition resulting in daeth)	a. CARCIA	AS A CONSEQUEN		ECTUI	in .		-		YEAR
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR	AS A CONSEQUEN	ICE OF):						
S	CAUSE (Disease or Injury	C. DUE TO (OR	AS A CONSEQUEN	ICE OF						<u> </u>
Ē	that initiated events resulting in death) LAST	DOL TO (ON	AS A CONSECUEN	ICE OF J.						i
E I		d								
0	PART II. Other significant condition	ns contributing to dea	th but not resul	iting in the u	inderivina c	ause given in	Part I. 24	. WAS AN AUTO	PSY 24b	WERE AUTOPSY
7 1				-				PERFORMED		AVAILABLE PRIC
2 1	Antonocal Donas	116 / /// 1 /				YES 2 7 N	10	OF DEATH?		
DIC	Antenoselenor	7C CA14)10	V/13CV U	11/130	1110		—   '			
MEDICAL	Antenoucener	7C CAIG110	V/13CV 01	17/30	7110		_ [ '			1 TYES 2
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Σ	25. WAS CASE REFERRED TO MEDICAL		V/132 V O	11/130		CE OF DEATH (Ch				1 TYES 2
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	REGISTRAR		CERTIF	CATE OF D	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	JAMES E	DGAR MAU	T D			MONTH DA	Y YE.	
	4. SOCIAL SECURITY NUMBER					5/7/91		6:45 P™
			In yrs. lest birthday)		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar)	8. 6	BIRTHPLACE (State or Foreign Country)
	217-07-7766	1 XM 2 - F	73 YRS.			(Month, Day, Year) 4/20/18	3	MD
	9a. FACILITY NAME (If not institution, give s	street and number)		96. CITY, TOWN DR	LOCATION OF DE		9c, COUNTY	OF DEATH
Œ	610 Wayside A	venue		Eas	ton		Talk	oot.
2	RESIDENCE OF DECEDENT	-						
2	10e, STATE 10b, COUNT	Υ	10c, CIT	, TOWN DR LOCATIO	ON			10d. INSIDE CITY
E	MD T	albot	29.5	ston				LIMITS?
0			150					1 X YES 2 NO
AL	10e. STREET AND NUMBER			101, 2	ZIP CODE		200.0	OF WHAT COUNTRY?
EB	610 Wayside	e Avenue			2160	1	U	SA
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	VU.S. ARMED	13. WAS DECEN	NDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No.— 14.	RACE — American Indian.
II.	1 Never Merried 2 Nerried	FORCES? 1 YES	2 NO	If yes, speci	ify Cuben, Mexica	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
ΒY	3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WATER DA	ATES	1 TYES 2	ND Specify	r:		Specify:
								white
m	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of v	USUAL OCCUPATION work done during most		16b. KIND OF BUS	SINESS/INDUST	RY
Įų.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	e retired.)		200		
7	11		F	Barber		Hair	Cutti	ng
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Sumama)	
9	Paul Maule					che Anna		r
8								
0	19e. INFORMANT'S NAME (Type/Print)					Toute Number, City or Tow		
F	Helen A. Ma	aule	610	) Waysic	de Ave.	, Easton	, MD	21601
	20s, METHOD OF DISPOSITION	201	D. PLACE AND DATE	DF DISPOSITION (/	Name	DATE 20c. LO	CATION City	or Town. State
	20e. NETHOD OF DISPOSITION 1 Qurial 2 Cremation 3 Rem	noval from State of	cemetary, crematory	or other place)				
	4 Donation 6 Other (Specify)		D Veter	an's Ce			urloc	k, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		NOWD 2	ADDRESS OF FA	eral Home		
	1	7	- )					ton MD
-	70HU K	2. MERCER		200 8		rison St.	, Eas	
	II 23. PART I. Enter the diseesea, or							
				ot anter the mode	e of dying, suc	h as cerdisc or reap	ratory arrest,	
	shock, or heert fellure.	List only one cause on e		ot anter the mode	e of dying, suc	h as cerdisc or reap	ratory arrest,	Approximata interval Between Onset and Death
				ot anter the mode	le of dying, suc	h ss cerdisc or reap	ratory arrest	Interval Between
	shock, or heert fellure.  IMMEDIATE CAUSE (Finel	List only one cause on e	ech line.	rest			ratory arrest	Interval Between
	shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition	List only one cause on e	ech line.	rest			ratory arrest,	Interval Between
N	shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Ordio  Due to (or as a	consequence of	rest He			ratory arrest,	Interval Between
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BALTIMORE, MARYLAND

as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLA

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4 DECEMBER MARKET AT A SALE A						3. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH
ANNIE LUCILLE N  4. SOCIAL SECURITY NUMBER						3,1991		8:53 p
215-44-4791	1 M 2 X F		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, SEPT.	1,1922	Country	PLACE (State or Foreign YLAND)
9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN O	R LOCATION OF D			NTY OF DE	EATH
St. Mary's Hosp	ital		Leonard			St	. Ma	ry's
10a. STATE 10b. COUNT			TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
MARYLAND ST.	MARY'S COUN	(IIX   LEX	XINGTON			I		1 YES 2 NO
19 SOUTH HAMPTON	PLACE		101.	20653		00 10 191	U.S.	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	If yes, spe	ENDENT OF HISPA Helty Cuban, Maxico 2 NO Specific	an, Puarto Rican, e	olfy Yea or No etc.}	Specif	— American Indian, , White, atc. y: BLACK
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S U	USUAL OCCUPATIO	IN st of working	16b. KIND	OF BUSINESS/IND	USTRY	
Elementary/Secondary (0-12) 7TH. GRADE	College (1-4 or 8 +)	HOUSE KE	ork done during mo: e retired.) EEPER		PRI	VATE HO	MES	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle,	Malden Surnama)		
FRANCIS BARBER						NE WHAL		
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural				
MARY ANN STEWART								MD.20653
20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Rai  4 Donation 6 Other (Specify)		206. PLACE AND DATE of cemetary crematory of HARLES MEI			OATE	T ECNIA DE		
21. SIGNATURE OF FUNERAL SERVICE L		CHARLES MEI		D AODRESS OF F	ACILITY	LEONARI	TOMIN	I,MD.20650
Michael	Gardi	ne)	MATTI	NGLEY-GA BOX 270	ARDINER			
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disease or condition	DUE TO (OR A	S A CONSEQUENCE OF	ater of	L Cong	gtin	Hear	Fa	Onset and De
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ITTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determed to filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

		1. DECEDENT'S NAME (First	n, Middle, Last) oldie	(UNK)		1	20 tac	11		2. DAT MON		199	YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUM 176-54-6	BER	5. SEX 1 M 2 F	6. AGE (in yrs. les	birthdey)	IF UNDER 1 YE	-	IF UNDER 24 HF	RS. ?. DATI	E OF BIRTH  1th, Day, Year)  1 1 - 18 - 1		8. BIRTHPL Gountry)	ACE (State or Foreign
2, 3 should	OR	9a. FACILITY NAME (If not A PENINSULA G	nstitution, give		AL	F			LOCATION O	F DEATH		9c. COUN	ICOMI	тн
-	DIRECTOR	RESIDENCE OF DE	10b. COUNT	Y		10c. CITY	Y, TOWN OR L	OCATIO	ON				1	Od. INSIDE CITY LIMITS?
ermit, Pages		MD 10e. STREET AND NUMBER		merset	Princess Anne				10g. CITI		YES 2 NO			
(S)	FUNERAL	Rt. 2 Box 5	Married	FORCES?	ENT EVER IN U.S. AR 1  YES 2 WHEN OR DATES	IMED NO	If ye	s, spec	2 1853 NOENT OF HE offy Cuben, Me	SPANIC ORIG	IN? (Specify Yes		S.A.  14. RACE - Black, V	– American Indian, White, etc.
21215-0 al or attendin for use as III	LETED BY	3 Widowed 4 Div.  15. DEc (Specify on Elementary/Secondary (	CEDENT'S EDI	UCATION to completed) College (1-4 or 5	(G	CEDENT'S live kind of v . Do NOT us	USUAL OCCU vork done durin ne retired.)	PATION ng most	of working	10	66. KIND OF BU	SINESS/IND	USTRY	White
YLAND by the hospit be detached	E COMPL	(UNK) 17. FATHER'S NAME (First, A Samuel (I				Never	Work	ed		s name (First	, Middle, Melden	Surname)		
	TO Bi	Nellie Gre	een		19		-		d Number or R	lural Route Nu	mber, City or Tow s Anne		2 185	53
ALTIMORE, leath. Page 6 may be funeral director, page	usne.	20a. METHOD OF DISPOSITION 1 TO Burial 2 Crematile 4 Donation 5 Donation 5 Donation	on 3 🗆 Ren		of cemetary	, crematory	or other place e Cem	ete	ry	1		hilid		ia, PA
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760, ed within 24-nours ompletely filled in t il, cremation, or rei	Ic event, the medical	IMMEDIATE CAUSE (Fi disease or condition resulting in death)	neert fallure.	. List only on	ordical TO (OR AS A CONSE	<b>.</b>			le of dying,	such as ca	rdlec or reap	Iratory em	eat,	Approximate Interval Between Onset and Deati
P.O. BOX th certificate be ending physician I Hygiene prior to	certification	Sequentielly list condi- if any, leading to immi- cause. Enter UNDERL's CAUSE (Disease or inj that initiated events resulting in death) LA:	edleta /ING ury	cC	O (OR AS A CONSE	OUENCE O	Ath		sue	(AS)	9			
RECORDS requires that the deen signed by the of Health and Me	MEDICAL	PART II. Other algorific	7.5	red =	failun	o .		rlyIng	cause give	n In Part I.	24a. WAS AF PERFO 1 YES	RMED?	8	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
F VITAL RE SICIAN: The law required certificate has been a the State Dept. of h	ed, or Item 23 s PHYSICIAN:	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	ER/Outpatient	DOA	OTHER:		5 - Reside		4.50			
ON OF DING PHYSICI After this cer death with th	marked, BY PH	27. MANNER OF DEATH  1 Netural 5  2 Accident	Pending Investigation		Dey, Year)	Sept.	JURY		RK? ES 2 NO	0	EŞCRIBE HOW			
TTENDI TTENDI TTOR: A after d	28 is	4 Homicide	Could not be detarmined	28e. PLACE buildin	OF INJURY — At hig, etc. (Specify)	ome, farm,	street, factory	, office		281. LC	OCATION (Street by or Town, State	and Number	or Rural Ro	ute Number,
	의 신	onel -		SICIAN: To the best NER: On the basis of										and menner as stated.
TO THE H	IMPORTANT: IF	296. SIGNATURE AND TITL	The	la.		T <sub>E</sub>			D2	5036		29d. DAT	S 116	Month, Day, Year)
		30. NAME AND ADDRESS OF	rela		LA EU	ete		SY	ne	Bni	12.9	ILIS	BW	12M3
		31. DATE FILED (Month, De)	'91	32. Jedisti	RAD'S SIGNATURE	andell	-							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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8	8	Sec.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within: Jus after death, Pares minuted to the control of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furieral community of the function	MUDOTENT: if item 28 to marked or item 23 shows any injury or other translatic event the medical examiner must be
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	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN	E 9	1 14814
	1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH
	ROBERT THOMAS O	DONNELL				MAY 15, 19	91 `	02:25 A.M
	4. SOCIAL SECURITY NUMBER 230-40-3070	5. SEX S. AG	E (In yrs. last birthday)  57 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 13, 19	34 N	BIRTHPLACE (State or Foreign Country) IEW YORK
OR	90. FACILITY NAME (If not institution, give 400 VALLEY DRIV			96. CITY, TOWN	RF		9c. COUNTY	
2	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	TY .	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
L DIRECTOR	MARYLAND CHA	RLES		WALDORF	. ZIP CODE		10.0 CITIZES	LIMITS?  1 YES 2 X NO
ERA	400 VALLEY DRIV	E			20603			USA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12, WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR 1952-1	DATES	If yes, sp	ENDENT OF HISP	ANIC ORIGIN? (Specify Years, Puerto Rican, atc.)		
ETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION ie completed)	16a, DECEDENT'S	USUAL OCCUPATE work done during mo		16b. KIND OF BUS	SINESS/INDUS	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ACCOUNT			WHOLE	SALE	MEAT COMPANY
COMPL	17, FATHER'S NAME (First, Middle, Last)	_	1 110000111		18. MOTHER'S N	IAME (First, Middle, Maiden		TEXT OUT THE
BEC	THOMAS HENRY O'L	DONNELL			AMELI	A AGNES JAC	OBSON	
10	198. INFORMANT'S NAME (Type/Print)  SANDRA O'DONNEL!		1.000	The state of the s		LDORF, MARY	,	20603
	24a. METHOD OF DISPOSITION 1A Burlel 2 Cremetion 3 Ran		Ob. PLACE OF DISPO					y or Town, State
2	4 Donation S D Other (Specify)		ESURRECT I	ON CEME	TERY	CL	INTON,	MARYLAND
ni.	MUCHAEL K. BI	Vikon 1-	M00857		ND ADDRESS OF I	THE HUNT		ERAL HOME, INC. ND 20604-0156
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	S A CONSEQUENCE O	rsfas)s	ant M	e lahomo		1 Two with
MEDICAL	PART II. Other algnificant condition	na contributing to death	but not resulting	in the underlyin	g cause given i	n Part I. 24e, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (	Check only one)		
YSIC	1 TES 2 NO	HOSPITAL: 1   Inpetient 2   ER/O	utpatient 3 🗆 DOA	OTHER: 4   Nursing Hor	ne 5 X Residenc	8 G Other (Spec/ly)		
ВУ РН	27. MANNER OF DEATH  1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIN	JURY W	JURY AT DRK? YES 2 NO	28d, DEŞCRIBE HOW I	NJURY OCCU	RED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (S	RY — At home, farm, pecify)	street, factory, offic	ca .	281, LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
COMPLETED	anal	SICIAN: To the best of my kn						cause(a) and menner as stated,
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	/gold	2		29c, LICENSE N	352	1 5	HIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	ATZEN 8	926 We	ONARD	RN	Clinton	M	
	MAY 20 91	32. REGISTRAR'S SI	GNATURE Pandal	ع				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at all
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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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DIRECTOR

FUNERAL

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COMPLETED

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FOR STATE		STATE OF M	1ARYL							MENTAL H	YGIEN	E	91	148	15
REGISTRAR				CE	RTIF	ICAT	ΕO	F DEAT	TH.	т	EG. NO.				
1. DECEDENT'S NAME (First,										2. DATE OF D	EATH	Y	YEAR	3. TIME OF DEA	LH
HARLOW DE	AN US	SBORNE			-5-	100	400			May 17, 199			991	1:30	AM
4. SOCIAL SECURITY NUMBER 5. SEX 6. /			6. AGE	(In yrs. last	birthday)	IF UNDER 1 YE				7. DATE OF BIRTH (Month, Day, Year)		8. BIR		HPLACE (State or Fi	oreign
067-03-534	4	1 🔀 M 2 🗆 F	75		YRS. MONTHS DAYS HOURS MIN.			MIN,					.orado		
9a. FACILITY NAME (If not institution, give street and number)						9b. Cl	ry, tow	N OR LOCATI	ON OF D	EATH		9c. COL	NTY OF E	DEATH	
Shady Grove Nursing Home						Ro	ckvi	ille				Mor	tgor	nery	
RESIDENCE OF DEC															
10e. STATE	10b. COUNT	• •				ry, TOWN								10d. INSIDE CITY LIMITS?	′
Maryland	Mont	tgomery			Ro	ckv.	ille	Э					1 X YES 2 NO		
10e. STREET AND NUMBER					101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?					
500 Nelson	Stree	et				20850					Uni	ted	States		
11. MARITAL STATUS 1 Never Married 2 🔀 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	AR OR E	2 N											
	EDENT'S EDI			16a. DEC	EDENT'S	Work dog	OCCUPA	ATION most of worki	na	16b. KIND OF BUSINESS/INDUSTRY					
Elementary/Secondary (0	1	College (1-4 or 5 5+	+)		(Give kind of work done during most of working life. Do NOT use relified.)  ECONOMIST De				De	Dept of Commerce					
17. FATHER'S NAME (First, M	iddle, Last)							18. MOT	HER'S NA	AME (First, Middle	, Maiden	Sumame)			
Henry Wilbe	er Ost	orne						Ru	ith (	Grace H	arlo	W			
19a. INFORMANT'S NAME (	ype/Print)			19b	. MAILING	G AODRE	SS (Stre	et and Numbe	r or Rural	Route Number, C	ity or Tow	n, State, Z	p Code)		
Lillian M	. Osbo	orne			500	Nel	son	Stree	t, F	Rockvil	le N	1ary1	and.	20850	
20a. METHOD OF DISPOSIT			20	b. PLACE 0		SITION (	Name of	cemetery, crea	matory or		20c. LO	CATION -	City or T	Town, Stata	
4 Donation 5 Other		moval from State	_	other pie	Sub	urb	an (	Cremat	orv		Sil	ver	Spri	ng, MD	
21. SIGNATURE OF FUNERA	L SERVICE L	ICENSEE				_	2. NAME	E AND ADDRE	SS OF F						
	_//	0 011					Rap	p Fun	eral	Servi	ces,	P.A	•		
000	B. lhl		MOC	0827		933	Gist	Ave	. Silve	er S	prin	q. M	D 20910	)	

the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between Onset and Death HOSPATE CAUCER IMMEDIATE CAUSE (Finel disease or condition MEMBADO resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 X NO 1 \_ YES 2 \_ NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA g Homa 5 🗆 Residence 6 🗆 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending м 1 YES 2 NO 2 Accident investigetion 28a. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 26t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29a, CERTIFIER \* X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and menner as stated. EDICAL EXAMENET: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296, SIGNATORE AND TITLE OF CERTIFIER

ESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

rulia Davidson

MD 32. REGISTRAR'S SIGNATURE

91

20

15200

Randell.

29c. LICENSE NUMBER

Shady Grove Road

29d. DATE SIGNED (Month, Day, Year)

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

Suburban Hospital

6111 Montrose Road

15. DECEDENT'S EDUCATION

(Specify only highest grade comp

4. SOCIAL SECURITY NUMBER

075-10-5113

RESIDENCE OF DECEDENT

1 Never Married 2 Married

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

John O'Fallon

4 Donation 5 Other (Specify)

alle

IMMEDIATE CAUSE (Finel

Sequentielly list conditions.

If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day,

disease or condition

resulting in death)

that initieted eventa resulting in deeth) LAST

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Frank L. Simone

20s. METHOD OF DISPOSITION
1 & Burial 2 Cremetion 3 Removal from State

3 🔀 Widowed 4 🗌 Divorced

Maryland

11. MARITAL STATUS

YRS.

IF UNDER 1 YEAR

10c, CITY, TOWN OR LOCATION

16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working

20b. PLACE AND DATE OF DISPOSITION (Name

DAYS

Rockville

Rockville

10f. ZIP CODE

HOURS

a

12. WAS DECEDENT EVER IN U.S. ARMED

FORCES? 1 YES 2:

College (1-4 or 5+)

1

tanah

shock, or heart fellure. List only one cause on each line.

6. AGE (In yrs. last birthday)

2 X NO

M00198

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5. SEX

Montgomery

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIRECTOR: After this certions after death with the Item 28 is marked, o

TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If Its

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DIRECTOR

FUNERAL

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CERTIFICATION

25. WAS CASE REFERRED TO MEDICAL			-	26. PLACE OF DEATH (C/	heck only one)
EXAMINER?  1 YES 2 NO	HOSPITAL:	3 🗆 DOA	OTHE		10
27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DE\$CRIBE
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, fac	ctory, office	261. LOCATION City or Town

SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Julia Davidson

200 Knelle

estin

DUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF):

REG. NO 2. DATE OF DEATH MONTH Q5 3:45 7. DATE OF BIRTH IF UNDER 24 HRS 6. B RTHPLACE (State or Fore Mar. 25,1898 New York 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bethesda Montgomery 10d. INSIDE CITY LIMITS? 1 YES 2 1 NO 10g. CITIZEN OF WHAT COUNTRY? 20852 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto RI
1 YES 2 NO Specify: White 16b. KIND OF BUSINESS/INOUSTRY Private Registered Nurse Nursing 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bridgette McClov 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8615 Bunnell Drive, Potomac, Maryland 20c. LOCATION - City or Town, State DATE Patrick's Cemetery 5/18/91 Verplanck, New York 22 NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home/Rockville,
300 West Montgomery Avenue
Rockville, Maryland 20850-2805 23. PART I. Enter the diasess, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, **Approximate Onset and Desth** Odaza PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 1 TES 2XXNO OF DEATH? 1 | YES 2 | NO OW INJURY OCCURED eet and Number or Rural Route Number, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 8426

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Serificial experience within our after death. Page 6 may be retained by the hos	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physical and complitibility filled in by the funeral director, page 5 should be detach to find within 72 hours after feath with the State Deut, of Health and Mental Moleine of the form the find within 72 hours after feath with the State Deut, of Health and Mental Moleine of the form the first of removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX. 13146,	8	DIRE	ter
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	10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phys. on and compiletely filled in by the its flud within 72 hours after death with the State Dept of Health and Mental Moderne or the comparison, or removal.	E
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29a. CERTIFIER

FOR 1 STATE		STATE OF M	MARYLAND	/ DEPART	MENT C	OF HEAU	TH AND	MENTA	L HYGIEN	9	1	14817
REGISTRAR  1. DECEDENT'S NAME (First GEORGE		OMAS PU	RYEAR	ERTIFIC	CATE	OF DE	ATH	MONT		AY	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 Y	EAR IF U	NDER 24 HRS.	-	OF BIRTH	1991	. BIRTHPLA	08:15 AM
578-44-9517	,	1 □ <b>X</b> M 2 □ F	57		IONTHS D	AYS HOU	RO MIN.	NO1	1. 29.	1933	Country)	GINIA
9a. FACILITY NAME (If not in		treet and number)			Db. CITY, TO	OWN OR LO	CATION OF D				Y OF DEAT	
RT. 228, BO	X 231-	·B			WAL	DORF				CH	IARLE:	S
10a. STATE	10b. COUNT				TOWN OR I						104	d. INSIDE CITY LIMITS?
MARYLAND	CHAF	RLES		<u> </u>	IALDO							YES 2 X10
		6				10f. ZIP (				10g. CITIZE		T COUNTRY?
RT. 228, BC	X 231-		T EVED IN II C	ABMED	12 44	e DECENDE	20603	NIC OBIGI	Y? (Specify Ye	an No. 1	USA	American Indian.
1 Never Married 2 3 Widowed 4 Div		12. WAS DECEDENT FORCES? 1 IF YES, GIVE V	AR OR DATES	NO	If y	es, specify (	Cuben, Mexico (10 Special	en, Puerto	Rican, atc.)	FOR NO.		WHTE
	CEDENT'S EDU	CATION	16a.	DECEDENT'S U			200	160	. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (	ly highest grade 0-12)	College (1-4 or 5		(Give kind of wo life. Do NOT use	rk done duri retired.)	ing most of w	rorking					
12TH GRADE				CARF	PENTE	R			PUBLI	C UTIL	ITIE	S
17. FATHER'S NAME (First, A						16. 1	MOTHER'S NA	AME (First,	Middle, Melden	Sumeme)		
STEPHEN J		EAR							REEV			
19a, INFORMANT'S NAME (				19b. MAILING A					,			
MARION E. P			200 01 40	RT. 2				WALL	OORF.			
20e METHOD OF DISPOSIT 1 Duriel 2 Cremeti 4 Durien 5 <sub>2</sub> Othe		ovel from State	other	place)				NC.		CATION — C		
21. SIGNALINE OF FUNDA		ENSKE D	KIVI	RDALE			DRESS OF F	LOW ITTE				RO, MD
MX	a W	James	P				100000000000000000000000000000000000000		HE HU	NTT FU	INERAI	L HOME, INC
MICHAEL		<u>ANKENSHI</u>	COLUMN TO SECURE AND ADDRESS OF THE PARTY OF									20604-0156
23. PART I. Enter the c ahock, or f IMMEDIATE CAUSE (FI	neart fallure.	complications the	it caused the use on each li	deeth. Do no ne.	t enter th	e mode o	dying, aud	ch aa car	diac or resp	Iratory arre	st,	Approximate interval Between Onset and Death
disease or condition		. Lu	- AS	Zim	رع							15 mm
resulting in death)		DUE	OR AS A CON	SEQUENCE OF)								77777
		b.	V									
Sequentially list condi- if any, leading to imme	diate	DUE TO	(OR AS A CONS	SEOUENCE OF)								
Cause. Enter UNDERLY CAUSE (Disease or in)		C										
that initiated events resulting in death) LAS	<b>ВТ</b>	DUE 10	(OR AS A CONS	SECUENCE OF)	:							
		d										1
PART II. Other algoritic	ent condition	na contributing to	desth but no	t resulting in	the unde	orlying cau	ise given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
									1 TYES		CC	OMPLETION OF CAUSE F DEATH?
										^		YES 2 NO
25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER	26. PLACE	OF DEATH (C	heck only o	ne)			
1 TYES 2 THO		1 Inpatient 2	COLUMN TO THE REAL PROPERTY.	3 🗆 DOA	OTHER:	g Home 5	Besidence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH  1 Netural 6 2 Accident	Pending Investigation	28a. DATE Of (Month, I	FINJURY Day, Ybar)	26b. TIME	RY	WORK?		28d. DE	SCRIBE HOW	INJURY OCC	URED	h5 a
• 🗇 • • • • •	Could not be determined	28e. PLACE ( building	OF INJURY — At, etc. (Specify)	home, ferm, st	reet, factory	y, office		20f. LOG	CATION (Street or Town, State	and Number o	or Rural Rout	te Number,

THOMAS L. MD. BRANDYWINE-WALDORF CLINIC. BRANDYWINE. MD 20613
32. REGISTRAR'S SIGNATURE
Suha Davidson-Ronde

29c. LICENSE NUMBER

D 1923

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a)

OMAS L. FIELDSON.
FILED (Month, Dey, Year)

MAY 2 1 '91

29d. DATE SIGNEO (Month, Day, Year)

1. DECEDENT'S NAME (First, Middle, Last)

3. TIME OF DEATH

REG. NO

2. DATE OF DEATH MONTH

HYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page a final to require by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, proceed from the detached for use as the burial-transit permit. Pages 1, 2, 3 shoult with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	and it is a shown any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the stand within 22 hours after death with the State Deut, of Health and Mental Hotiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic ev

BALTIMORE MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

MPORTANT

2 23

C. Plemmons Florence 16, 1991 4:00 P. May 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vrs. lest birthded) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Dev. Year) DAYS MONTHS HOURS 1 🗌 M 2 😾 F 215-18-6599 69 Feb.7, 1922 Maryland Se. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 306 Greengate Court DIRECTOR Westminster Carrol1 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Carrol1 Maryland Westminster 1 TES 25 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 306 Greengate Court 21157 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY White 3 🔀 Widowed 4 🗌 Olvorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) Housewife yrs. none 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Wilbur Compton Jessie Phillips BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Virginia R. Ensor 660 Hibiscus Dr. Satellite Beach, Flordia 32937 20a. METHOD OF DISPOSITION PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stats 1 M Burisi 2 ☐ Cremation 3 ☐ Removal from State eview Memorial Gardens 4 Donation 5 Other (Specify) Eldersburg, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Burrier Funeral Home Winfield, Maryland 21784 23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such se cardiac or respiratory srrest, abock, or heart fellure. List only one gause on each line. Approximata Interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) lu CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate . Enter UNDERLYING essio CAUSE (Disease or Injury DUE TO (DR AN A CONSEQUENCE OF): that initiated events resulting in daeth) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part 1. 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES AN'NO OF DEATH? PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER: 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA g Home 5 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 26b. TIME OF Natural YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At hori building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED. 6 Could not be 4 🗌 Homicide 294. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296 MENATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 9 5 um 2 39 AME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32 REGISTRAR'S SIGNATURE Julia Dayloon - Handalle 31. DATE FILED (Month, Day Year)

il examiner must be notified at once.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumetic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygene Prof. to by hal, cremation, or remove
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phycician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death confincate be exequted within 2 nours after death. Page 6 may be retained by the hospi
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	0				2. DATE O	F DEATH DAY	VEA	3. TIME OF DEATH
	Gwynne U	lalker teir	SON			MONTH	17	91	250 M
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	8. Bit	RTHPLACE (State or Foreign untry)
	551-28-118	1 M 2 0 F	9415 SRS.	ONTHS DAYS	HOURS WINL	/1/	16/2	Ca	lifornia
-	90. FACILITY NAME (If not institution, give s	treet and number)	t l	96. CITY, TOWN O	R LOCATION OF DE	ATH	m -/ 80	COUNTY	Man more
DIRECTOR	RESIDENCE OF DECEDENT	TIOSPITA!		01/1	ici gari	190/1	na	prices	119011161
EC	109-STATE 10b. COUNT	Y	10c. CITY.	TOWN OR LOCAT	ION				10d. INSIDE CITY
HO	Bahamas N/	A	∪Fre	eport,	G.B.I.				1 YES 2 NO
AL	100. STREET AND NUMBER	190			ZIP CODE		100		F WHAT COUNTRY?
FUNERAL	P.O. Box F84			ľ	N/A			U	SA
F	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 X YES			ENDENT OF HISPAN ecify Cuban, Maxicar			lo— 14. R	ACE — Americen Indien, Black, White, etc.
ВУ	3 Widowed 4 Divorced	1943 - 195		1 🗆 YES	NO Specify	<i>r</i> :		s	pecify: 3
	15, DECEOENT'S EDU	CATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16b.	KIND OF BUSINES	SS/INDUSTR	Υ
H	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5 +)	(Give kind of wo	ork done during mo: retired.)	st of working				
AP.		5+	Crimino	logist		Ed	ucation	/ Co	nsulting
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, M	iddle, Maiden Surn	eme)	
BE	Harry Peirson				Grace H	1 10 -			
0	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural F				
	Veronica Peirson				, Freepon				
	20e. METHOD OF DISPOSITION  1 Buriel 2 Coremetion 3 Rem	noval from State of	cemetary, crematory of	or other place)			20c. LOCATI		A DESCRIPTION OF THE PARTY OF T
	4 Donation 5 Other (Specify)		uburban		D ADDRESS OF FA	(12/9	1 511V	er Sp	ring, Md.
	11600 1.00	home	to to				ervice.	Inc.	
	Then have	1 Jours		7400	Georgia	Ave.	N.W.,	Washi	ngton, D.C.
	PART I. Enter the diseases, or shock, or heart fellure.	List only one cause on e	d tha daeth. Do no ach lina.	ot antar tha mo	da of dying, auci	h aa card	lac or reapireto	ery arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	1	1		_	-			Onset and Death
	resulting in death)	a. Caryo -	CONSEQUENCE OF	nory	GYYE	51			
-			1 1			nula	nangik	enha	164 15
2	Sequentially list conditions, If any, leading to immediate	b. my o car DUE TO (OR AS	CONSEQUENCE OF		4 frs	1	1	11	100
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	a acive	cho/	ecyg	4715	70	cholocy	SHOETE	my 30
H	that initieted events reaulting in death) LAST	DUE TO (OR AS	CONSEQUENCE OF	):					
CERTIFICATION	reading in death, and	d							<u> </u>
	PART II. Other algnificant condition	na contributing to death i	out not reaulting in	n the underlyin	g ceuaa given in	Part I.	24a. WAS AN AUT PERFORME		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
- S						_	1X YES 2		COMPLETION OF CAUSE OF DEATH?
MEDIC						_			1 TYES 2 NO
ż	Part of the same o								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	neck only on	e)		
YSI	1 TYES 2 NO	12 inpatient 2 - ER/Out		4 - Nursing Hon	ne 5 🗆 Residence	_			
	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)	28b. TIME INJU	URY WO	JURY AT ORK?	28d. OEŞ	CRIBE HOW INJU	RY OCCURE	ED .
B	2 Accident investigation	28e. PLACE OF INJUR	V — At home form of		YES 2 NO	284 1.00	ATION (Street and	Number or B	ural Route Number,
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe		treet, ractory, orne	~		or Town, State)	74111201 07 11	
<u>—</u>	29a, CERTIFIER	SICIAN: To the best of my know	deden death same	d at the three dat				an atatad	
₽.	(Critick orly	IER: On the beels of examination							use(e) and menner as stated.
	29 SIGNATURE AND TITLE OF CERTIFI		The second second		29c, LICENSE NU				GNED (Month, Day, Year)
BE	dr nos	Alakin	mo		_	45			-11-9/
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print) 2/0	med	cal	Park	15	
	IRA N. BR	ECHERN	15 5	ilver	Spring	رددا	\$ 20	902	
	31. DATE FILED (Month, Day, Yaar)	32. REGISTRAR'S SIG	NATURE		, ,	,			

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4:45 P

B. BIRTHPLACE (State or Foreign Country) Ohio

1991

1909

9c. COUNTY OF DEATH

Prince George's

7. DATE OF BIRTH (Month, Day, Year) NOV. 3,

4. SOCIAL SECURITY NUMBER

216-44-6622

9a. FACILITY NAME (If not institution, give street and number)

Collington Episcopal Life Care Community

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF CEATH

Mitchellville

Price

Eber

1 🕅 M 2 🗌 F

5. SEX

Raymond

6. AGE (in yrs. last birthday)

2, 3 should

DIVISION OF VITAL RECORDS P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the properties that t

C I	10a. STATE	10b. COUNT	Y		TOU OIL I, TOTTIN	OR LOCATI	ON				100	I. INSIDE CITY
DIREC	Maryland	Princ	e George's		Mitche	llvil	lle				1[	LIMITS?
4	10e. STREET AND NUMBE	ER				101.	ZIP CODE	•		10g. CITIZE	N OF WHAT	COUNTRY?
LONER	10450 Lot	tsford	Road, #1115				2072			Unite	ed St	ates
מין דמ	11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 D		12. WAS DECEDENT EVI FORCES? 1 (X) Y IF YES, GIVE WAR O	IS. WAS OECENDENT OF HISPALYES 2 NO OR DATES  WW TT			city Cuban, Maxican	n, Puerto Rican, etc.) Bla C: Spe			4. RACE — Black, Wi Specify: Whi	
		ECEDENT'S EDU	ICATION	18a. Di	ECEDENT'S USUAL (			16b. K	IND OF BUSI	NESS/INDUS		
	Elementary/Secondary	1	College (1-4 or 5+)	- #6	e. Do NOT use retired.	)				C.,	0	
	17. FATHER'S NAME (First	Adiable Leath	7+	Star	tes Relat	clons	UIIICEL  16. MOTHER'S NAI				у соп	mission
- 11	Samuel Pi						Blanch			surname)		
	19a. INFORMANT'S NAME			19	9b. MAILING ADDRES	SS (Street a				State Zin C	Code: #1	115
	Mary H. P				L0450 Lot							
	20a. METHOD OF DISPO: 1	SITION ation 3 - Ren	noval from State	20b. PLACE	E AND DATE OF DIS	POSITION	(Name	DATE	20c. LOC	ATION - CH	ty or Town,	
	21. SIGNATURE OF FUNE		CENSEE	00001	25	NAME AN	D ADDRESS OF FAC Uneral S	HITV			<u> </u>	Haryrand
	- Call	en 7	1. Ray	20			st Avenu					20910
	shock, Di IMMEDIATE CAUSE (	r haert failure. Finei	complications that can List only one cause of	used the d on each lin	laath. Do not ante	er the mo	de of dylng, sucl	ss cardia	oc or respir	retory arres	et,	Approximata Interval Between Onset and Death
	disease or condition				A . A		-					6 mm 12
	resulting in death)	$\rightarrow$			carcino							DW-M/
20	resulting in death)  Sequentially list con	ditions,	DUE TO (OR	AS A CONSE	EQUENCE OF):							pw=4/
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TO BE COMPLETED BY PHYSICIAN: MEDICAL, CERTIFICATION	Sequentially list con if any, leading to imicause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L  PART II. Other algnife  25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 6 2 Accident 3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only one) 2 NA	Pending Investigation  O TO MEDICAL  Pending Investigation  Could not be determined  ERTIFYING PHYS  REDICAL EXAMIN  THE OF CERTIFIE  AND PHYS  OF PERSON W  Chissle	DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSE  AS A C	EQUENCE OF):  EOUENCE OF):  Tesuiting in the transport of the property of the	26. PLER: ursing Hom 26c. IMJ WO 1 Usectory, office	and place, and dua seth occured at the 29c. LICENSE NUM	28d. DCAI City or to the cause time, data a	PERFORI  1 YES 2  (Specify)  RIBE HOW IN  FION (Street as 7 Town, State)  e(a) and manifold place, and	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	JRED  JRED  d. csuse(e) ar SIGNED (M.)  3 1 3	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO  Number  Number  Number  Number  1991

Service of the servic	E HOSPITAL OR ATTENDING PHYSICIAN THE INTERPRETATION OF MICALE DE executed within 2-nours after death. P	E FUNERAL DIRECTOR: After this certification has been somethy threatening physician and completely filled in by the funeral
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	1	31
٤	4	27
הואופוסות כו הושב שבתחולה ביה בסע ופוזמי	PHYSICIAN The law requires the	or this certificate has been signed.
	HOSPITAL OR ATTENDING	FUNERAL DIRECTOR: After

	DECEDENT'S NAME (First, Middle, Last)		021111111	AIL OI	DEATH	2. DATE OF	REG. NO.	3. TIME OF DEATH
		Alphonse	W Diann	:		HTHOM	DAY Y	/EAR
4.	SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		BIRTHPLACE (State or Fore
	217-18-2152	1 M 2 □ F 8		ONTHS DAYS	HOURS MIN.	Febr	<b>ua7</b> 86	New York
9a.	. FACILITY NAME (If not institution, give str			b. CITY, TOWN	OR LOCATION OF DI			Y OF OEATH
E L	5101 River Roa	ad #1807			Bethesda		Mo	ontgomery
	e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY
뚭	Maryland Mc	ontgomery			Bethe	sda		1 TES 2 XXN
¥ 104	e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	5101 River Ro				2081			ited_States
	. MARITAL STATUS  Never Married 2 Married	12. WAS OECEDENT EVER IN FORCES? 1 X YES	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica	n, Puarto Rica		I. RACE — American Indian Black, White, etc.
- I	☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR DATE WW 11	ES	1 🗆 YES	2 X NO Specif	y:		Specify: White
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECEDENT'S US (Give kind of wor	BUAL OCCUPATION	ON ast of worldna	16b, Kil	ND OF BUSINESS/INDUS	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use i	retired.)				
COMPLET	FATHER'S NAME (First, Middle, Last)	2	I	Realtor		AND OTHER SECTION	Real Esta	ate
- 11		mile Dileani			18. MOTHER'S NA		lle, Maiden Surname)	+2=2
H 194	DOM1.  INFORMANT'S NAME (Type/Print)	nic Pisani	19b. MAILING A	DDRESS (Street a	I and Number or Rural		sina Pigna City or Town, State, Zip Co	
2	Elizabeth M. Pisa	ani					sda, Maryl	
	Da. METHOD OF DISPOSITION  Burlal 242 Cremation 3 Remo		PLACE OF DISPOSIT				20c. LOCATION — CR	
4 (	□ Donation 5 □ Other (Specify)	Sept. III. Com.	Montgome	ry Crem	atorium	Inc.	Bethesda	Maryland
21.	. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		Rober	A. Pum	phrey	Funeral Ho	ome/ 7557 Wiscon
	3. PART I. Enter the diseases, of c	estet	M00335	ravenu	e betnes	da. Mc	irviand ZUE	114
IFICATION #	isease or condition seuiting in death)  sequentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events seuiting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					10 Mi 20 Ye
A P	ART II. Other significant conditions	a contributing to death bu	it not resulting in	the underlyin	g ceuse given in		PERFORMED?  YES 2 NO	24b. WERE AUTOPSY FIN AMALABLE PRIOR T COMPLETION OF CA OF DEATHY
MEDIC			4 - 4 4		1			
	WAS CASE REFERRED TO MEDICAL			26 P	LACE OF DEATH (C)			
	5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	flent 3 DOA	THER:	LACE OF DEATH (CI		tracelly)	
HASICIAN.	EXAMINER?  **XXYES 2   NO  7. MANNER OF DEATH	1 Inpatient 2 ER/Outpa  25a. DATE OF INJURY	tient 3 DOA 4	OTHER:  Nursing Hon	ne 5 A Residence	5 Other (S	pecify) IBE HOW INJURY OCCU	RED
PHYSICIAN.	EXAMINER?  XXVES 2 \( \text{NO} \)  MANNER OF DEATH  1 \( \text{Notural} \)  Netural \( \text{S} \)  Pending	1 Inpatient 2 ER/Outpa	tient 3 DOA 4	OTHER:  Nursing Honor OF 28c, IN.	ne 5X Residence	5 Other (S		RED
ED BY PHYSICIAN:	EXAMINER?  XXYES 2 NO  7. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 ER/Outpa  25a. DATE OF INJURY	25b. TIME	OF 28c. IN. M 1	ne 5 Residence JURY AT DRK? YES 2 NO	5 Other (S		
ED BY PHYSICIAN:	EXAMINER?  WAYES 2 NO  MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  De. CERTIFIER 1 CERTIFYING PHYSIC	1 Inpatient 2 ER/Outpa  25e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY	26b. TIME INJUI	OTHER:    Nursing Horo OF	ne 5 A Residence JURY AT ORK? YES 2 NO ce	5 Other (S 28d. DESCR 28f. LOCATI City or	ON (Street and Number or lown, State)  (a) and manner as stated	r Rural Route Number,
COMPLETED BY PHYSICIAN:	EXAMINER?  WAYES 2 NO  MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  De. CERTIFIER 1 CERTIFYING PHYSIC	1 □ Inpatient 2 □ ER/Outpa  25a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the Control of th	26b. TIME INJUI	OTHER:    Nursing Horo OF	ne 5 A Residence JURY AT ORK? YES 2 NO ce	5 Other (S 28d. DESCR 28f. LOCATE City or 1	ON (Street and Number or own, State)  On and manner as stated of place, and due to the	r Rural Route Number,
BE COMPLETED BY PHYSICIAN:	EXAMINER?  WX YES 2   NO  7. MANNER OF DEATH  1 \( \times \) Natural 5   Pending Investigation  2   Accident   Investigation  3   Suicide 6   Could not be detarmined  4   Homicide   detarmined  De. CERTIFIER (Check only one) 2   MEDICAL EXAMINE	1 □ Inpatient 2 □ ER/Outpa  25a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the Control of th	26b. TIME INJUI	OTHER:    Nursing Horo OF	ne 5X Residence JURY AT ORK? YES 2 NO ne ne and place, and dudeath occured at the	5 Other (S 28d. DESCR 28f. LOCATE City or 1	ON (Street and Number or fown, State)  (a) and manner as stated d place, and due to the	r Rural Route Number,  I. cause(a) and manner as str SIGNED (Month, Day, Year)
© BE COMPLETED BY PHYSICIAN:	EXAMINER?  WX YES 2   NO  7. MANNER OF DEATH  1 \( \times \) Natural 5   Pending Investigation  2   Accident   Investigation  3   Suicide 6   Could not be detarmined  4   Homicide   detarmined  De. CERTIFIER (Check only one) 2   MEDICAL EXAMINE	1 Inpatient 2 ER/Outpa  25a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, etc. (Special Control of the basis of examination	At home, farm, etr	OTHER: Nursing Hon Norsing Hon Norsing Beck, In Norsing Norsin	ne 5X Residence JURY AT ORK? YES 2 NO ne ne and place, and dudeath occured at the	5 Other (S 28d. DESCR 28f. LOCATE City or 1	ON (Street and Number or fown, State)  (a) and manner as stated d place, and due to the	r Rural Route Number, I. cause(s) and manner as str
TO BE COMPLETED BY PHYSICIAN:	EXAMINER?  WX YES 2 NO  7. MANNER OF DEATH  1 Neural 5 Pending Investigation 3 Suicide 6 Could not be determined  Pa. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  BEDITATURE AND TITLE OF CENTREER	1 □ Inpatient 2 □ ER/Outpa  25a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Clans): To the best of my knowle	At home, farm, etr	Nursing Hon Nursin	ne 5X Residence JURY AT DRK? YES 2 NO De e end place, and dudaeth occurred at the	S Other (S  28d. DESCR  28f. LOCATH City or 1  a to the cause o time, data an	ON (Street and Number or fown, State)  (a) and manner as stated d place, and due to the	r Rural Route Number,  I.  cause(a) and manner as att  SIGNED (Manth, Day, Year)  14ay 13, 199

ND 21215-0020	hospital or attending physicia	iched for use as the burial-t	<b>e</b>
BALTIMORE, MARYLAND 21215-0020	h, Page 6 may be retained by the	eral director, page 5 should be deta	niner must be notified at on
	from the executed within 24 hours after dea	infraction and completely filled in by the fur	her Inumatic event, the medical exa
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the day requires that the day the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by an amending pression and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept. of Health and with a first property of Health and within 12 burial companies, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVIS	TO THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTOR  be filed within 72 hours afte	IMPORTANT: If Item 28

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPAI CERTIF		F HEALTH AND	MENTAL HYGIEN REG. NO		14022	
1	1. DECEDENT'S NAME (First, Middle, Last)  Mary B.	Pule				2. DATE OF DEATH MON 14,		3. TIME OF DEATH 8:15 A M	
-1,6	4. SOCIAL SECURITY NUMBER	I s. SEX	8. AGE (in yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
	100 00 7571	1 M 2 TF	VDO		AYS HOURS MIN.	(Month, Day, Year)		Country)	
	123-03-7571 9e. FACILITY NAME (If not institution, give	**	106 THS.	Ob CITY TO	OWN OR LOCATION OF D	Sept. 14,	-	New York	
Œ							9c. COUNTY OF DEATH		
2	Holy Cross Hosp	ital		Si	lver Sprin	g	Mo	ntgomery	
8	10e. STATE 10b. COUNT		10c. CI	TY, TOWN OR I	OCATION		10d. J		
E	Maryland Mon	tgomery		Rockv	ille			LIMITS?	
7	10e. STREET AND NUMBER	ogocz j		ROORV	10f. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?	
3	13405 Dowlais	Drive			20853		Unit	ed States	
FUNERAL DIRECTOR	11. MARITAL STATUS		NT EVER IN U.S. ARMED		S DECENDENT OF HISPA			I. RACE — American Indian, Black, White, atc.	
II.	1 Never Merried 2 Merried		I ☐ YES 2 ∑NO WAR OR DATES		s, specify Cuban, Mexico YES 2 X NO Specific			Black, White, atc. Specify:	
B	3 X Widowed 4 Divorced				, to I M to spoon	,		White	
COMPLETED	15. DECEDENT'S ED	JCATION	16e. DECEDENT	S USUAL OCCL	JPATION	16b. KIND OF BU	SINESS/INDUS	TRY	
H.	Elementary/Secondary (0-12)	College (1-4 or 5	+) life. Do NOT	use retired.)	ng most of working				
릴	8		Hom	emaker		OW	n Home		
ō	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Malden	Sumame)		
BE C	Not Availa	ble			Kather	ine	Not	Available	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	O ADDRESS (S	treet and Number or Rural	Route Number, City or Tox	vn, State, Zip Co	ode)	
2	Elinore R. McDon	ough	13405	Dowla	is Drive,	Rockville,	Maryl	and 20853	
	200. METHOD OF DISPOSITION		20b. PLACE AND DA	TE OF DISPOS		-15-91 20c. LC			
	1 Buriel 2 Cremation 3 Res		of cemetary, cremato	v Crem	atorium. I	nc. Bet	hesda.	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE MO	1381	22. NA	ME AND ADDRESS OF F	CILITY	oouu,		
	21. SIGNATURE OF FUNERAL SERVICE L  Barbara Jo Mo  23. PART I. Enter the diseases, or	mullen	Lawrence	Rob	ert A. Pum kville, In	phrey Fune	ral Ho	ome/ itgomery	
				not antar th	e mode of dying, au-	ch es cardiec or reep	Piretory arres		
	ahock, or heart failure IMMEDIATE CAUSE (Final	DAYSHILL TO THE SECOND				-		intarval Batween Onset and Death	
	disease or condition		O (OR AS A CONSEQUENCE		Drent	en une	,		
1	resulting in death)	a. Due To	O (OR AS A CONSEQUENCE	OF):	0				
-	_		Cornal	1000	art	eviose	-1000	515	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	O (OR AS A CONSEQUENCE	OF):	7				
¥.	cause. Enter UNDERLYING	_							
표	CAUSE (Disease or injury that initiated events	DUE TO	O (OR AS A CONSEQUENCE	OF):					
F	resulting in daeth) LAST	4						!	
S		4.							
AL	PART II. Other significent condition			in the unde	riying cause given ir	Part I. 24a. WAS AI	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
S	2 rock	rich ,	HIP			1 YES	2 K NO	COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC								1 TES 2 NO	
-					:				
A	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only one)			
Sic	EXAMINEB?	HOSPITAL:	DER/Outpetlent 3 DOA	OTHER:	g Home 5 🗆 Residence	6 Other (Specify)			
Ŧ	27. MANNER OF DEATH	28a. DATE O	F INJURY 28b, T	ME OF 2	Bc. INJURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED 4	
P	1 Natural 5 Pending	I-(¬	Day, Year)	M A	WORK7	Del	+	NOTEINS	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e, PLACE	OF INJURY — At home, farm	•		28f. LOCATION (Street	end Number da	Aural Route Number	
	4 Homicide 8 Could not be determined		LISING	- m/		City or Town, State)			
Ē	29e. CERTIFIER			Horn				amos:	
COMPLETED	(Check only		of my knowledge, death occu examination and/or investiga					cause(e) end manner ee stated.	
							,		
BE	29b. SIGNATURE AND TITLE OF CERTIFI	(	٨.	5	29c. LICENSE NO	IMBER	29d. DATE	SIGNED (Month, Dey, Year)	
TO	Contra	10	1	ری	100	2216	3	-11-11	
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (ITEM 27) (Ty		8 w .sc	111266	Ava	Retrod	
	31. DATE FILED (Month, Day, Year)	32. REGISTE	AR'S SIGNATURE		2 4 (20)	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1000	122 - 200	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	auli	wand was	0.00					

DIVISION OF VITAL RECORDS P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the law requires that the law requires within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR; After this certificate has been signed by the properties and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ed within 72 hours after death with the State Dept, of Health and Meet Hypers are burlat, cremation, or removal.	the marked or them 23 shows any interest and
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			TAL HYGIENE REG. NO.	21	14823	
	1. DECEDENT'S NAME (First, Middle, Last)  Dr Rolp	TATTEN MON			10.00	6-9	AR 3. TIME OF DEATH		
тов	4. SOCIAL SECURITY NUMBER  577-12-7643	1 x M 2 □ F	19 YRS. MO	NTHS DAYS H	OURS MIN.	ATE OF SIRTH  Month, Day, Year)  Ct. 28,		Wash., DC	
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  SILVEY Spring  RESIDENCE OF DECEDENT					9	111	somery	
-		ontgomery		Silver S	Spring		164. INSIÓE CITY LIMITS? 1 M YES 2 MO		
FUNERAL	1409 Woodsi	Woodside Parkway		10f. Z	20910		10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO If yes, specify Cuban, Maxican, Pi I YES, GIVE WAR OR DATES  Korean							
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most	of working	16b. KIND OF BUS	INESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12) 1-12	Yes	Physic		Self employed			1	
CO	17. FATHER'S NAME (First, Middle, Last) Wilbur Pa	FATHER'S NAME (First, Middle, Lest) Wilbur Patten			16. MOTHER'S NAME (First, Middle, Malden Surname) Emma Redman				
TO BE	19a. INFORMANT'S NAME (Type/Print)	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING			Number or Rural Route	Number, City or Town		· ·	
F	Gloria J. Patte							ng, Md. 20910	
- Ú	1 Pauriel 2 Cremation 3 Removal from State of cemovary, cremation of the place of Heaven Cemetery 5-20-91 Sil. Sil. Md.								
- 10	1. SIGNATURE OF PUMERAL SERVICE ACENSES  22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Fu 11800 N.H. Ave.,					ng, Md. 20904			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock for heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  COSTONARY OF THE MISSING OF THE MI								
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	equantially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  any, leading to immediate							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	USE (Disease or Injury at Initiated events DUE TO (DR AS A CONSEQUENCE OF):							
AL CE	PART II. Other significant condition	ns contributing to death b	out not resulting in t	the underlying	cause given in Part	I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA					1 TYES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  ACCIDED.  COMED.								
YSI	1 ☐ Inpatient 2 NER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 8 ☐ Residence 8 ☐ Other (Specify)								
ву рн	27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation	Pending (Month, Day, Year) INJURY WORK?			. DEȘCHIBE HOW II	DEŞCRIBE HOW INJURY OCCURED			
COMPLETED E	3 Suicide 28e. PLACE OF INJURY — Al home, farm, street, factory, office 28t. LO					LOCATION (Street a City or Town, State)	CATION (Street and Number or Rural Route Number, y or Town, State)		
IPLE	29s. CERTIFIER (Check only One)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dus to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
S S	(Oriotic Orin)		on and/or investigation,	In my opinion, des	th occured at the time		u due to the c	suse(s) and manner as stated.	
BE	(Oriotic Orin)	ER: On the basis of examination	on and/or investigation,		oth occured at the time  29c. LICENSE NUMBER  20c. ST			IGNED (Month, Dey, Year)	
	one) 2 MEDICAL EXAMINI	ER: On the basis of examination	EATH (ITEM 27) (Type, Pr	fine)		16			

DHMH-16 Rev 1/89

attending physician. use as the burial-transit permit. Pages 1, 2, 3 should

93-3146

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	F HEALTH	AND M	IENTAL HYGIEN		. 14024
	1. DECEDENT'S NAME (First, Middle, Last)	н.		Pugh			2. DATE OF DEATH DAY MONTH MAY 14,		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE	EAR IF UNDER		7. DATE OF BIRTH (Morth, Day, Year) Oct. 26,	4 B	NRTHPLACE (State or Foreign Country)
	213 30 3407		88 YRS.			TON OF DEA		1902	Wash., D.C.
DIRECTOR		9a. FACILITY NAME (If not institution, give street end number)  Physicians Memorial Hospital RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF DEATH  LaPlata			UH .	Charles	
REC	10a. STATE 10b. COUNTY	1	10c. CI	TY, TOWN OR L				10d. INSIDE CITY	
	MD Char.	MD Charles			Nanjemoy 101, ZIP CODE			T 18a, CITIZEN	1 ≥ YES 2 □ NO OF WHAT COUNTRY?
BY FUNERAL	Route 1, Box 210	I Market Land Control of the Control			20662				S.A.
		11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES XXIN IF YES. GIVE WAR OR DATES			RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye			e or No- 14. RACE — American Indian, Black, White, etc. Specify: White	
TED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'S	'S USUAL OCCU of work done during use retired.)	PATION ng most of work	dng	166. KIND OF BU	SINESS/INDUST	FIY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +) 5		t Couri			Montgo	mery Co	o. Court
MO	17. FATHER'S NAME (First, Middle, Last)				18. MOT	THER'S NAM	ME (First, Middle, Maiden	Sumeme)	
BEC	Edward Lawrence	Pugh					Anais O'C		
2	J. Hunter Pugh,	Tr	1700000000				Poute Number City or Tow ersville,		793
6	208. METHOD OF DISPOSITION	20	0b. PLACE OF DISPO					CATION — City	
	1X) Buriel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify)  Gate of Heaven Cemetery  Silver Spring, MD					ring, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Λ				s Sons, I		
	Misconsin Ave, NW, Washington, D.C. 20016								
M, me meur	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  Acute myocardial infarction  Acute myocardial infarction  Onset and Death  Due to jor as a consequence on Atheroscile ross is								
NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.								
ed, or item 23 shows any injury, PHYSICIAN: MEDICAL C	PERFORMED? AVAILABLE PRIOR								
: ME	Acute parmon	lary edenia					_		1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
YSIC	EXAMINER?  1 YES 2X NO	HOSPITAL: 1 ∏ Inpatient 2 ☐ ER/Ou	utpotient 3 🗆 DOA	OTHER:	g Home 5 🗆	Residence	6 Other (Specify)		
E E	27. MANNER OF DEATH  1XXNatural 5 Pending	28a. DATE OF INJURY (Month, Day, Year,		INJURY	Sc. INJURY AT WORK? 1 YES 2	_	28d. DESCRIBE HOW	INJURY OCCUR	rED
Z8 IS	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)					Rural Route Number,		
IMPORTANT: If Itom 28 Is O BE COMPLETED	29a. CERTIFIER 1 Check only one)  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, date and place, end due to the cause(e) and manner as stated.  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, date and place, end due to the cause(e) and manner as stated.								
BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	A LB	0	29c. LICENSE NUME			5 11 01		IGNED (Month, Day, Year)
P	30. NAME AND ADDRESS OF PERSON WH	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (7	ivos, Print) 11		D-010	ge Avenue 1	DOD E01	-/4 //
	Henry L. Burke M			1.1.	o-A La Plata.			LOD 221	
	31. DATE FILED (Month, Day, Year) 91	32. ROGISTRAR'S SH Juna Day	GNATURE 10000 - Aread	12					

1	- STATE REGISTRA
I	1. DECEDENT'S N
Н	AT TITAL

mit. Pages 1, 2, 3 should

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BALTIMORE, MARYLAND 2121

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIFI	CALE	F DEATH		Ri	EG. NO.			
- 3	1. DECEDENT'S NAME (First, Middle, Last)						2	DATE OF C	EATH			3. TIME OF DEATN
- 1	ALVIN PARSONS							MONTH	DAY		YEAR	F 00 M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	a historia i	IF UNDER 1 YE	AR IF UNDER 24 I		MAY OATE OF B	11	19		5:00 a.m M
					MONTHS DA		AIN.	(Month, Day	, Year)		Countr	y)
- 1	220-16-9340	1 M 2   F	65	YRS.			3	-19-1	.926		De.	
	9e. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TO	VN OR LOCATION	OF DEAT	N		9c. COU	NTY OF D	EATN
8	THE TOUNG HODETN	C HOCDITA	r		DATES	(ODE GIR	377					
6	THE JOHNS HOPKIN	5 HUSPITA			BALTI	MORE CIT	Y			BAL	TIMO	RE_CITY
8	10a. STATE 10b. COUNT	٧		10c. CITY	, TOWN OR L	CATION						10d. INSIDE CITY
E	De. Suss	1037			Delmar							LIMITS?
-		EX		<u> </u>	Delmai							
Z	10e. STREET AND NUMBER					101. ZIP CODE			l	10g. CIT	IZEN OF V	VHAT COUNTRY?
<b>E</b>	RD#2 Box 344					199	40			US	A	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT				DECENDENT OF H				or No-	14. RACI	American Indian, c, While, etc.
	1 Never Merried 2 Merried	FORCES? 1	YES 2 1	NO		, specify Cuban, i YES 2 📉 NO		Puerto Ricen	, atc.)			
BY	3 Widowed 4 Divorced	1945 - 1	970		1 ''	TES 2 M NO	Specify:				Spec	White
	15, DECEDENT'S EDU			CEDENTIO	USUAL OCCU	MATION	_	T see will	D OF BUS	NECCUN	OHETOV	
2	(Specify only highest grade	completed)	(G	ive kind of w	rork done durin	most of working		Jos. Kilv	D OF BOS	14532/114	0031H1	
4	Elementary/Secondary (0-12)	College (1-4 or 5 +)						L .		ъ.		0 6 1
N N	12		Sup	pervi	sor			E. 1	. Du	Pont	Co.	Seaford
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			_		16. MOTNER	'S NAME	(First, Middle	, Melden S	Sumame)		
0	Elmer K. Parsons					Julia	a A.	Lowe	Par	sons		
BE	19e. INFORMANT'S NAME (Type/Print)		1 10	h MAII ING	ADDRESS (St	eet end Number or	Dural Dou	da Number C	the or Town	State 76	o Codel	
2	Virginia H. Parso	200				4 Delma				, otoro, an	0000)	
		IIS	-				Ι, υ	e. 19				
	20a METNOD OF OISPOSITION 1 X Buriel 2 Cremelion 3 Rem	owel from State			OF OISPOSI			OATE		ATION —	City or To	wn, Slate
	4 Donation 5 Other (Specify)	ioval from State	Sprin	ighil	I Memo	ry Gard	ens	5-14	Heb	ron,	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	. 1			E AND ADDRESS						
	. 11		1111	1	Shor	t Funera	al H	ome,	Inc.			
- +	Millean	M. A	Kortz		P.O.	Box 20	4 De	lmar,	De.	199	40	
	23. PART I, Enter the diseases, or	complications thet	coused the de	eath. Do n	ot enter the	mode of dylna	. such t	s cardiec	or respli	atory sr	rest.	Approximata
	shock, or heart fellure.	List only one ceus	e on each line									Interval Between
	IMMEDIATE CAUSE (Final											Onset and Death
	disease or condition resulting in death)	DUE TO (	PSIS									3 days
		DUE TO (	OR AS A CONSE	OUENCE OF	ๆ:							3
7		· acı	ato w	21401	090.0	ous l	er	rker	nio	_		Lycars
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, If any, leeding to immediate	DUE TO (	OR AS A CONSE	OUENCE OF	7: )		•					)
AT	cause. Enter UNDERLYING	_	1.1.	1	ar Lin	51. 0	10					4 years
임	CAUSE (Disease or Injury	C MUETO	DO AS A CONS	S P (C	トラゴル	. syn	CA 6	SITIE				1 years
Ē	that initieted events resulting in death) LAST			OULINE OF	*	•						
ER	Tooding in death, Exo.	d										
O	PART II. Other significent condition	an annialbudha i an	de adh haid a ad			tutal and a supply later	I. D.	las			1.00	WERE AUTOPSY FINDINGS
A		_		_	in the under	lying ceuse giv	en in Pi	IFT 1. 244	PERFOR		240	AWAILABLE PRIOR TO
5	acute re	nal ta	ilure					_ 10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Ш												
Σ								- 1				1 VES 2 NO
Z								-				
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1	OTHER:	6. PLACE OF OEA	TH (Check	k only one)				
S	1 TYES 2 NO	1 Inpetient 2	ER/Outpetient	DOA		Nome 5 - Resid	dence 6	Other (Sp	ectfy)			
Ŧ	27. MANNER OF DEATH	28a. OATE OF	NJURY	26b. TIM	E OF 28	. INJURY AT	2	ed. DESCRI	BE HOW I	JURY OC	CURED	
<b>Q</b>		(Month, De	y, Year)	INJ	URY M 1	WORK?	NO					
	1 Natural 5 Pending						-	er LOCATIO	M (Chanal a	and Museum	a or Grand	
BY	2 Accident Investigation	200 BLACE OF	TALLET MODELLAND				- 4	Chu or P	wn, State)	na Numbe	W OF PRUFEE	On the March of
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE Of building,	INJURY — At h	ome, farm,	street, rectory,	Office		City or 10	WII, Steley			Route Number,
BY	2 Accident Investigation	28e. PLACE OF building, (	INJURY — At h	ome, farm,	street, factory,	Onice		Only or 10	wn, steller			Route Number,
BY	2 Accident 3 Suicide 6 Could not be determined	building,	rtc. (Specify)				nd due lo			ner sa str		Route Number,
BY	2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PNYS)	building, o	ntc. (Specify) my knowledge, d	eath occurr	ed at the time	date and place, e		the cause(e	) end man		nted.	
BY	2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PNYS)	building, o	ntc. (Specify) my knowledge, d	eath occurr	ed at the time	date and place, e		the cause(e	) end man		nted.	e) and menner as stated.
E COMPLETED BY	2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER	SICIAN: To the best of ex	my knowledge, d	eath occurr	ed at the time	date and place, e on, death occured 29c. LICENS	at the lin	the cause(e me, date and ER	) end man	d due to I	nted. the cause(	
BE COMPLETED BY	2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER	SICIAN: To the best of ex	my knowledge, d	eath occurr	ed at the time	date and place, el	at the lin	the cause(e me, date and ER	) end man	d due to I	nted. the cause(	e) and menner as stated.  O (Month, Day, Year)
E COMPLETED BY	2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIE	BICIAN: To the best of exercises of exercise	my knowledge, d amination end/or	eath occurr Investigation	ed at the time	date and place, e on, death occured 29c. LICENS	at the lin	the cause(e me, date and ER	) end man	d due to I	ited. Te signel	e) and menner as stated.  D (Month, Day, Year)
BE COMPLETED BY	2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE GE CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	BICIAN: To the best of exER: On the basic of ex	my knowledge, d amination end/or  E OF DEATN (ITI	eath occurr Investigation	ed at the time on, in my opin	date and place, eron, death occurred	st the lines of the second sec	the cause(a me, date and ER	place, and	29d. DA	nted. the cause( TE SIGNER	e) and menner as stated.  D (Month, Day, Year)
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WI	BICIAN: To the best of exER On the best of exER On the best of exER On COMPLETEO CAUS	my knowledge, d amination end/or  E OF DEATN (ITI	eath occurr Investigation	ed at the time on, in my opin	date and place, eron, death occurred	st the lines of the second sec	the cause(a me, date and ER	place, and	29d. DA	nted. the cause( TE SIGNER	e) and menner as stated.  D (Month, Day, Year)
BE COMPLETED BY	2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIE	BICIAN: To the best of exER On the best of exER On the best of exER ON COMPLETEO CAUS	my knowledge, d amination end/or  E OF DEATN (ITI	eath occurr Investigation	ed at the time on, in my opin	date and place, eron, death occurred	st the lines of the second sec	the cause(a me, date and ER	place, and	29d. DA	nted. the cause( TE SIGNER	e) and menner as stated.  D (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3. TIME OF OEATH 8130

2. DATE OF DEATH

Bertha

BALTIMORE, MARYLAND 21203

	055091918 10 M 2 XF	98 YR	MONTH.	HS DAYS	HOURS MIN.	(Month,	Day, Year)		Country) NITERLAND
	9a. FACILITY NAME (If not institution, give street and number)	1/	9b. 0	SITY, TOWN O	R LOCATION OF DE	ATH	I	9c. COUNTY	
DIRECTOR	HOWARD () (SINGLA)	HOSPITA		2014	m519	7		Ho	WAKE
EC	10a. STATE 10b. COUNTY	10c.	CITY, TOW	VN OF LOCATI	ON /				10d. INSIDE CITY
5	MD HOWAR	Y	(	2016	MOIA				1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	2-65		101.	ZIP CODE	1-1	100	10g. CITIZEN	OF WHAT COUNTRY?
NE	11. MARITAL STATUS 12. WAS DECEDENT EV.	STAC ADMED	—т	12 WAS DEC	ENDENT OF HISPAN	f Opicins	(Specify Year	U.	RACE — American Indian,
	1 Never Married 2 Married FORCES? 1 1 1	ES 2 100		If yes, spe	city Cuban, Mexica 2 20 Specify	n, Puerto Ri		JA 14.	Black, White, atc.
Э ВУ	3 📝 Widowed 4 🗌 Divorced								White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind	NT'S USUA d of work di OT use retin	L OCCUPATIO one during mos ed.)	N it of worlding	16b. 1	KINO OF BUS	INESS/INOUS	TRY
PLE	Elamantary/Secondary (0-12) College (1-4 or 5+)			wner			Resta	uarant	
SO.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mi	iddle, Maiden S	Surname)	7 - 7
BE	Unknown					nown			
2	19s. INFORMANT'S NAME (Type/Print) Paul Klose	10.2		CO-Million	nd Number or Rural i				
	20a. METHOD OF DISPOSITION	20b. PLACE OF DE				e COI	-		or Town, State
	1 ☐ Burial 2 🛣 Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	other place)			tory Inc				ville Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1		22. NAME AN	D ADDRESS OF FA H Witzk	CILITY FILE	eral	Home 1	nc
	Harry H. Wels &	2	- 1		Old Colu				
	23. PART I. Enter the diseases, or complications that car shock, or heart failure. List only one cause of		Do not e	nter the mo	de of dying, suc	h as cerdi	ec or respir	atory errest	, Approximate Interval Between
	IMMEDIATE CAUSE (Fine)			man.					Onset and Death
	disease or condition resulting in death)	PSIS	. 3	tesi	4corc	al.			DAYS.
_	DUE TO (OR	PSIS AS A CONSEQUENC IZE GROY	CE OF):	10	Mach	· · · · · · · · · · · · · · · · · · ·			Mouths
6	Sequentially list conditions, if any, leading to immediate	AS A CONSEQUENC	CE OF):	elling.	7200				7 -007 -0
₹	cause, Enter UNDERLYING CAUSE (Disease or Injury								
CERTIFICATION	that initiated events resulting in death) LAST	AS A CONSEQUENC	CE OF):						
8	d								
SICIAN: MEDICAL	PART II. Other significent conditions contributing to dea	th but not result	ing in the	e underlying	cause given in	Part I.	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
						- 1	1   YES 2	□ NO	DF DEATH?
2						-			1 TES 2 NO
NA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one	)		
YSIC	1 YES 2 NO 1 Inpetient 2 ER		DA 4 🗆	HER: Nursing Hom	e 5 ☐ Residence	6 Other	(Specify)		
PHY	27. MANNER OF DEATH  1 Natural 5 Pending  28a. DATE OF INJUNE (Month, Dey. Vi		INJURY		RK?	28d. DE\$0	CRIBE HOW IN	JURY OCCUP	RED
B	2 Accident Investigation 28e PLACE OF IN	JURY — At home, fe	arm, street.		res 2 No	261, LOCA	TION (Street a	nd Number or	Aural Route Number,
TED	4 Homicide determined building, etc.	(Specify)				City o	r Town, State)		
COMPLET	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my	knowledge, death or	ccurred at	the time, date	and place, and due	to the caus	e(a) and man	ner as stated.	
NO.	one) 2 MEDICAL EXAMINER: On the basis of exami	nation and/or invest	igation, in	my opinion, d	eath occured at the	time, date	and place, en	d due to the c	ause(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NU	MBER		29d. DATE S	IGNED (Month, Day, Year)
6	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	E DEATH STEM ***	(Kenn Del		022	850	0	^ 5	-13-71
	LERRY LEVINE,	MO	1/0	335	Little	Port	weel	Hy	Colen Bis mil
	31. DATE FILED (Month Day, Your) MAY 1 4 91 Fisher David	SIGNATURE	6					0	

3. TIME OF DEATH

VEAR

REG. NO.

2. DATE OF DEATH

MARVIJAND 21203-3146

BALTIMORE

OHE

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

24 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER A. BIRTHPLACE (State or Foreign 5 SEY 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 220-18-3002 MONTHS DAYS HOURS 64 1 [X M 2 ] F Pennsylvania YRS July 10,1926 Pages 1, 2, 3 should 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) Sh CITY TOWN OR LOCATION OF BEATH Washington County Hospital Washington Hagerstown DIRECTOR RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY 10a STATE Maryland Washington Chewsville 1 YES 2 K NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 21721 U.S.A. Trovinger Mill Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 - YES 2 1 NO Specify white BY 3 Widowed 4 Divorced W.W. II ETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 0 - 121 - 4truck mfg. process engineer once. 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Earl J. Recher Mabel Wagner Ħ notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 P. O. Box 5, Trovinger Mill Road, Chewsville, MP Mrs. Jean E. Recher 2 20a, METHOD OF DISPOSITION
1 (X Burlel 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State examiner, must Mark's Lutheran Cemetery Wolfsville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME the funeral after death. 415 East Wilson Blvd., Hagerstown, MD 21740 nnech n by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line interval Between filled in t 6 Onset and Death IMMEDIATE CAUSE (Final the Bladder Carcinona disease or condition MO fa 5 fatic DUE TO (OR AS A CONSEQUENCE OF) Byrs 8 mt completely event, 1 reaulting in death) executed within burial, traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 if any, leading to immediate cause. Enter UNDERLYING attending physician ntal Hygiene prior to certificate be CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 requires that the death the atten any injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24h WERE ALTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE has been signed by t Dept. of Health and 1 YES 2 NO OF DEATH? shows : 1 YES 2 NO PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26, PLACE OF DEATH (Check only one, Hell certificate h HOSPITAL: OTHER: 1 TES 2 NO 1. Inpetient 2 - ER/Outpetient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 0 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF After this ce seath with ti marked. INJURY 1 Netural 5 Pending М 1 YES 2 NO After the death BY 2 Accident Investigation 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide L DIRECTOR: A bours after do liem 28 is .00 COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) HOSPITAL TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) BE 出 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) erns 31. DATE FILED (Month, Day, Year)
MAY 28 32. REGISTRAR'S SIGNATURE Luka Davidson '91 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

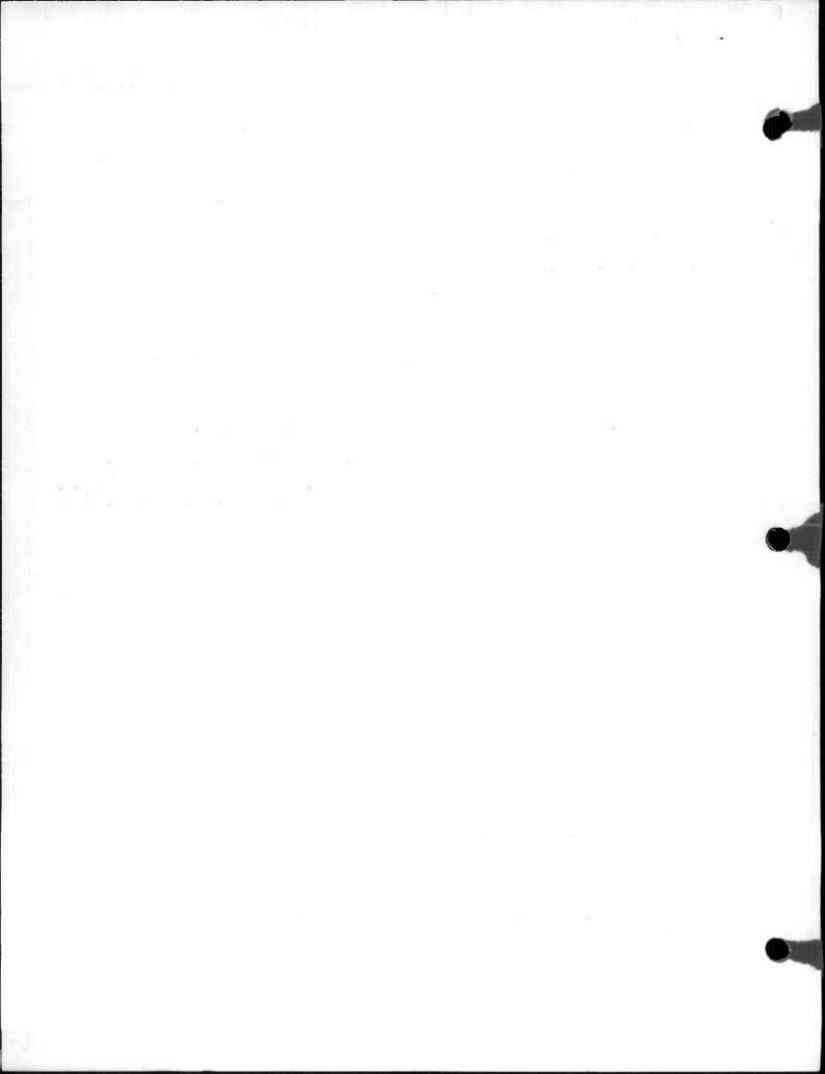
CERTIFICATE OF DEATH

Richard Lee Recher

1	0	mit. Pages 1, 2, 3 should	
L RECORDS, P.O. BOX 13146, BALTIMORE, MARKEAND 21203-3146	to law requires that the death certificate be executed within 2 cours after death, Page 6 may be remined by the inspital or attending physician.	of in by the funeral director, page 5 times to executed for use as the burial-transit per or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page amount of each for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at en-

	1 - STATE OF N	IARYLAND / DEPA CERTI		OF DEAT		REG. NO.			- 4
1	1. DECEDENT'S NAME (First, Middle, Last) "  Charles ( Linton)	7		nton Ra		2. DATE OF DEATH	91	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 D F	6. AGE (In yrs. lest birthde)	MONTHS D	EAR IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, pay, Year) March 13,	No. of the last	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number)			WN OR LOCATIO	В.			TY OF DEA	
OR	Fallston General Hospital	•	Fall	ston			На	rford	i .
DIRECTOR	PRESIDENCE OF DECEDENT  100. STATE  10b. COUNTY	10c. C	TY, TOWN OR I	OCATION				10	od. INSIDE CITY
	Maryland Harford		Joppa					1	LIMITS?
FUNERAL	901 Old Joppa Road			2108				USA	AT COUNTRY?
ВУ		TEVER IN U.S. ARMED YES 2 NO AR OR DATES	- If ye	DECENDENT OF SECOND SEC	, Maxican,	C ORIGIN? (Specify Yee Puerto Rican, atc.)	or No—	14. RACE — Black, V Specify: Whit	- American Indian, White, etc.
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +	(Give kind of life, Do NOT	use retired.)	ng most of working		18b. KIND OF BUS			
MPL	12	Chemic	cal tec	hnician			govt.		
BE CO	17. FATNER'S NAME (First, Middle, Leel) Harry Clay Ray					Whitney		ch	
TO	Pauline W. Ray	The second secon				oute Number, City or Tow	m, State, Zip	Code)	
not.	20a. METNOD OF DISPOSITION  130 Burlet 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)	20b. PLACE OF DISF other place) Gardens	POSITION (Name	of cemetery, crem	atory or	20c. LO	timor		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  HOCUPAR IN M. (	Pomos	HOW	ME AND ADDRES	s of faci		unera	1 Hon	ne, P.A.
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one cau	t caused the death. Di							Approximate interval Between
		Chy . Poy . (OR AS A CONSEQUENCE L ACAP FOR OR AS A CONSEQUENCE	mehih	Empl	gem	a. Somu	4 Ast	lma	Over A word Donath
NO	Sequentially list conditions, b. and	e Nesp fa	ilne.	Reip	auo	losis.			30 days.
CATI	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	Probate	WK	mult	iple	Bone on	ets.		
CERTIFICATION	that initiated events resulting in death) LAST	(OR AS A CONSEQUENCE	OF):		0			_	
	PART II. Other significant conditions contributing to	death but not resulting	g in the unde	riying cause g	iven in P				VERE AUTOPSY FINDINGS
SICAL	HBP.					1 YES :			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED!	Sub endo MI.					_			YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF D	EATN (Chec	ck only one)			
SIC	EXAMINER?  1 YES 2 NO HOSPITAL: 1 inpetient 2	ER/Outpatient 3 DOA	OTHER:	g Nome 5 🗆 Re	aldence 6	3 Other (Specify)			
BY PH	27. MANNER OF DEATN  1 Neturel 5 Pending  2 Accident Investigation		INJURY	BC. INJURY AT WORK?		28d. DEŞCRIBE NOW	INJURY OCC	CURED	
	3 Suicide 28e. PLACE C	F INJURY — At home, ferr etc. (Specify)	m, street, factor)	, office		281. LOCATION (Street City or Town, State	and Number )	or Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of example of exampl								and manner es stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	B.D. PAT	REICH MI		842	BER 4	29d. DAT	5 21	Marth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU B.D. PAREICH MD. 1908 H			ALLSTON	) My	0 21047		1	
	31. DATE FILED (Mgath, Day, Mas) 4 32. REGISTR	avidson-Randal							

DHMH-18 Rev 1/89



TIMORE, MARYEAND 21203-3146	YSICIAN: The law requires that the death certificate be executed within a command fraction. Pages 1, 2, 3 should be law requires that the death and demonstrate within the transfer of the state bein, of Health and Mental Hyglene prior to burink, certificate his the State Been, of Health and Mental Hyglene prior to burink, certificate.	
ATE .	3)	THE PERSON NAMED IN
BALTIMORE, MA	ours after death. Page 6 may be in in by the funeral directing page 3.00 or removal.	
MIVISION OF VITAL RECORDS, P.O. BOX 13146,	O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within account after death. Page 6 may be accounted to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparing filed in by the funeral director, the state begins of health and Mental Hyglene prior to burin, committen, or removal.	A Shows any Million of Other Iraumatic event, the Li
DIVISION OF VITAL	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The land THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Def	MONETANT If Item 28 is marked or liem 2

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		CERT	IFICATE O	F DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	_				2. DATE OF DI	EATH DAY.	YEAR	3. TIME OF DEATH
MARY H. K	ICHAR	205			5	14	910	4 A
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthd	MONTHS DAY		7, DATE OF BI (Month, Day,	RTH //	8. BIRTH	PLACE (State or Foreign
	1   M 2	/6 YRS	S.	THE MAIN.	Month, Pay,			ovia,Libe
90. FACILITY NAME (If not institution, give street of the county GO RESIDENCE OF DECEMENT		tospita		umbia	EATH		to wa	
10e. STATE 10b. COUNTY	_	10c.	CITY, TOWN OR LO				T	10d. INSIDE CITY LIMITS7
	ru		Columbia					1 YES 2 NO
5023 Green Mount				21044		1 10	Liberi	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	ES 2/LINO	If yes,	Specify Cuben, Mexic	en, Puerto Ricen,		Black	— American Indian, , White, etc. Black
15. DECEDENT'S EDUCA		16a. DECEDEN	IT'S USUAL OCCUP	ATION	16b. KIND	OF BUSINESS/I	INDUSTRY	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NO	i of work done during OT use retired.)	most or working				
8	2020 13	Hous	sewife			Home		
17. PATHER'S NAME (First, Allotte, Last)				18. MOTHER'S N.	AME (First, Middle	Maiden Surname	)	
James McJ	unkins				Anna S	Johnson		
15s. INFORMANT'S NAME (Type/Print)		19b. MAIL	LING ADDRESS (Stre	et and Number or Rural			Zip Code)	
Dorothy R. Tolbe	rt							Md. 21044
20s. METHOD OF DISPOSITION	1			cemetery, cremetory or		20c. LOCATION		
152 Burtal 2 - Cremation 3 - Remov	vsi from State	other niece)		norial Par				aryland
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	MOSE C	Hai	3	AND ADDRESS OF F		20.100	, (2) j a a (	
Margan	64	The second	Mo	Guire Fur Georgia	neral Se			C. 20012
23. PART I. Enter the diseases, or co mack, or heart fellure. L. IMMEDIATE CAUSE (Final disease on constitut	lat only one cause	on each line.			ch ss cardiec	or respiratory	errest,	Approximate interval Betwee Onset end De
resulting in death) a.	DUE TO (OR	AS A CONSECUENC	E OFF	10				27
	Techo	AS A CONSCOUENCE	L Orj.	sorth.				over
Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE  OF AS A CONSEQUENCE  AS A CONSEQUENCE	E OF):	of any				6 minth
cause. Enter UNDERLYING CAUSE (Disesse or Injury	DUE TO (OR	AC A COMPROMENO	Y AD.					-
that initiated events resulting in death) LAST	NO OF SOC	AS A CONSEQUENC	e or):					
DART II Coher steptificant and distant		Ab			- T		1	
Embruce conditions  Embruce conditions			-	ying ceuse given is	1 Part 1.   24e.	PERFORMED?	5Y 24b	WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL								
EXAMINER?	HOSPITAL:	LOCALINA	OTHER:	L PLACE OF DEATH (C		Also		
	1-6 Inpetient 2 ER			Home 5 Residence				
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJI (Month, Day, Y	par) 28b.	INJURY	INJURY AT WORK?	28d. DESCRIE	DE HOW INJURY (	OCCURED	
3 Suicide 8 Could not be	26e. PLACE OF IN building, etc.	JURY — At home, fa (Specify)	rm, street, factory,	office	28f. LOCATION City or Tox	N (Street and Num wn, State)	nber or Rural I	Route Number,
4 Homicide determined					in to the council	and manner as	and a	
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER								s) and manner as stated
29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	1: On the basis of exami				e time, date and	place, and due to	o the cause(	a) and manner as stated
29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	1: On the basis of exami	nation and/or investi		in, death occured at th	JMBER	place, and dua to	o the cause(	(Month, Day, Year)
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	non the basia of axami	nation and/or investi	gation, in my opinic	on, death occured at the	JMBER	place, and dua to	o the cause(	(Month, Day, Year)
290. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER 296. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE C., 2 Kno11	nation and/or investi	(Type, Print)	29c. LICENSE NI	MBER	place, and due to	o the cause(	(Month, Day, Year)

1. DECEDENT'S NAME (First, Middle, Las		eid			2. DATE OF DEATH MONTH 18		3. TIME OF DEATH 10:25 P. N
4. SOCIAL SECURITY NUMBER 073-01-7991	5. SEX 6		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Vear) Mar. 17,	6.	BIRTHPLACE (State or Foreign Country) New York
9a. FACILITY NAME (II not institution, give Meridian H	ealth Care		The state of the s	er Spring			of DEATH Somery
10a. STATE 10b. COUN	Montgom		TOWN OR LOCAT	now er Spring	;		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2805 Regi	na Drive		10	20906			N OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IN IF YES, GIVE WAR	YES 2 NO	If yes, sp		NC ORIGIN? (Specify Yon, Puerta Rican, etc.)	96 or No- 14	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EI (Specify only highest gra  Elementary/Secondary (0-12)  1-12	OUCATION de completed)  College (1-4 or 5+)		sual occupation of the done during more during more during more during more during more during more during memake 1	et of working	16b. KIND OF BU	wn home	
17. FATHER'S NAME (First, Middle, Last) Herrick Thorne					ME (First, Middle, Meide zabeth Al.		
19a. INFORMANT'S NAME (Typo/Print) Parmele Funeral	Home				hkeepsie,		12603
20a. METHOD OF DISPOSITION 1		20b. PLACE OF DISPOSE Other place). Poughkee	psie Ru	ral Cem	etery Po	ughkee	y or Town, State psie, N.Y.
21. SIGNATURE OF EVINERAL SERVICE	WILLOW		1		Funeral		ng, Md. 20904
immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	yocardial i As a consequence of oronary Art As a consequence of oronary Art As a consequence of oronary Art	ery dis	sease			1 day
PART II. Other significent conditions Cerebro		nth but not resulting in		g cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					_	ĸ	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident investigation		fear) INJU	RY M 1	URY AT SAK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
3 Suicide 6 Could not 2 determined	building, etc.				281. LOCATION (Stree City or Town, State	•)	
onel .		knowledge, death occurred instion and/or investigation					couse(s) and manner as stated.
296. SIGNATURE AND TITLE OF CONTY  30. NAME AND ADDRESS OF PERSON	blowle	PLANT OTEM 27 COM	of action	29c. LICENSE NUM	DO2012		19, 1991
David Go	ldberg, MD	9801 Ga. A		ilver Spr	ing, Md.	20902	
31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S	SIGNATURE You handall					

16, BALTIMORE, MARYLAND 21203	d within this after death. Page 6 may be retained by the heapthagur at impletely d in by the funeral director, page 5 around be constituted for use in cremabout, or removal.
57.60-2% DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the state death. Page 6 may be retained by the resentation of the EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, of in by the funeral director, page 5 mounts be encented for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		91 148
1. DECEDENT'S NAME (First, Middle, La Alma Cecelia				2. DATE OF DEATH MONTH DAY	6 91	
4. SOCIAL SECURITY NUMBER 214-14-5278		(In yrs. lest birthday) IF WON	UNDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	C	inthipLace (State or Foreign ountry) Maryland
90. FACILITY NAME (If not institution, gi Westminster RESIDENCE OF DECEDENT	Nsq & Conv.		CITY, TOWN OR LOCATION OF D Westminster	EATH \	9c. COUNTY C	OF DEATH
10a. STATE 10b. COL			wn or Location minster			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 830 Wilda Dri		, nebe	101. ZIP CODE 21157			of WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	s 2.K.No	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	NIC ORIGIN? (Specify Year an, Puerto Rican, etc.)	or No— 14. F	RACE — American Indian, Black, White, atc. Specify;
3 X Widowed 4 Divorced  15. DECEDENT'S (Specify only highest g	rade completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most of working	16b. KIND OF BUS		White
Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Lest)	College (1-4 or 5+)	House		Dom	estic	
William C. Th		19h MAII ING ADI		a Carroll		ol .
James Reid Ru  20a. METNOD OF DISPOSITION		830 V	Vilda Drive,  N (Name of cametery, crematory or	Westmins		MD 21157
1 Buriel 2 X Cremetion 3 1 5 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Removal from State	other piece)  Carroll (		Ham		d, Marylan
* Robert	A. Muses		Myers Funer		stmin	ster, MD
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions,	b	O (X TO):	ηÐ			Onset and Da
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С	A CONSEQUENCE OF):  A CONSEQUENCE OF):				
PART II. Other significant condi	tiona contributing to death	but not reculting in the	he undarlying cause given i	PERFORI	MED2	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA			26. PLACE OF OEATN (C	theck only one)		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/Or	rtpetient 3 DOA 4	Nursing Home 5 Residence  26c. INJURY AT	6 Other (Specify)	JURY OCCURE	ED.
1 Natural 5 Pending 2 Accident Investigat 3 Suicide 6 Could not	26e. PLACE OF INJU	) INJURY  RY — At home, ferm, stree	M 1 YES 2 NO	26f. LOCATION (Street a		
4 Homicide determine	building, etc. (S)	pecify)		City or Town, State)		
CONTROL OF MY	The second secon		t the time, date and place, and do n my opinion, death occured at th			use(a) and menner as stated
296. SIGNATURE AND TIME OF CERT	n. Jely	LME	29c, LICENSE N	UMBER 370	29d. DATE SIG	GNED (Month, pay, Year)
30. NAME AND ADDRESS OF PERSON	LEHIGH	0EATN (ITEM 27) (Type, Pri	MAIN 57.	UMON	BRIDG	4 MD.2129
MAY 17 '91	32. REGISTRAR'S SH	GNATURE -Acadelle:				

	1 - STATE REGISTRAR			C	ERTIFIC	ATE OF	DEATH	REG. N	0.		1832
- 1	1. DECEDENT'S NAME (First, Mic	iddle, Last)						2. DATE OF DEATH MONTH	DAY	3. TIME	OF DEATH
	ZANE OLIVER  4. SOCIAL SECURITY NUMBER						1	May 10	1991		· 30 p
	577-40-4557		1 XM 2 - F	6. AGE (In yrs. Id	YRS. MO	UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	OCT.10,19	30 W		ON, DC
5	9a. FACILITY NAME (If not institu	Hos				Leonar	atown	EATH	9c. COUNT	Y OF DEATH	
DIRECTOR	RESIDENCE OF DECEL	DENT 06. COUNT	γ		10c. CITY, T	OWN OR LOCAT	TION			10d, INS	SIDE CITY
2	MD.	ST. N	ARY'S COL	UNTY	MI	ECHANIC	SVILLE				HTS?
AL	10e. STREET AND NUMBER					101	. ZIP CODE		10g. CITIZE	N OF WHAT CO	UNTRY?
FUNEHAL	161 JONES ROA	AD					20659		U.S.	Α.	
ם ים	11. MARITAL STATUS  1 Never Married 2 Mar  3 Widowed 4 Divorced		12. WAS DECEDENT FORCES? 1) IF YES, GIVE W 1948 —	X YES 2 MR OR DATES	ARMED NO	If yes, sp		NIC ORIGIN? (Specity ) in, Puerto Rican, etc.) y:		4. RACE — Amer Black, White, Specify: WHITE	rican indian, atc.
1 50	15. DECEDE (Specify only high	ighest grade	e completed)		DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo		16b. KIND OF B	USINESS/INDU		
7	8TH. GRADE	,	College (1-4 or 5+		RPENTE	R		CARPE	ENTRY		
COMPLET	17. FATHER'S NAME (First, Middle	Ne, Last)					18. MOTHER'S NA	ME (First, Middle, Maid	en Surneme)	•	
ш	WENDELL P. RE	ETTST	PATT, SR.				EDNA GI	RACE KNAUS	SMAN		
TO B	19a, INFORMANT'S NAME (Type			1				Route Number, City or T			
	FRANCES E. RE		PATT					NICSVILLE			
P	20a. METHOD OF DISPOSITION 1 Burlal 2 M Cremation	3 🗆 Rem	noval from State	ol cemela	CE AND DATE O	other place)		1		ty or Town, State	
	4 Donation 8 Other (Sp		ICENSEE /	- ILEE C	CREMATO				TIMION,	MARYLA	AMI
	to 1					22. NAME A	ND ADDRESS OF FA	CALITY			
		rt fallure.	complications that			MATTI P.O.	BOX 270 ode of dying, suc	ARDINER FU LEONARDI th se cerdiec or rec	OWN, M	D. 2065	pproximate
NOIL	ahock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia	nt fallure.	a. Dule 10		SEOUENCE OF):	MATTI P.O.	ENGLEY-GA BOX 270 ode of dying, suc	ARDINER FU	OWN, M	D. 2065	pproximate
RTIF	immediate cause (Final disease or condition resulting in death)	ns, itte	a. DUE TO  DUE TO  C	ISO ON OOCH III	SEQUENCE OF):	MATTI P.O.	ENGLEY-GA BOX 270 ode of dying, suc	ARDINER FU LEONARDI th se cerdiec or rec	OWN, M	D. 2065	50
MEDICAL CERTIF	shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ns, fite condition	a. DUE TO b. DUE TO c. DUE TO d	ION AS A CONS (OR AS A CONS (OR AS A CONS	SEQUENCE OF): SEQUENCE OF):	MATTI P.O. enter the mo	ENGLEY-GA BOX 270 and of dying, such	ARDINER FU LEONARD this a cardiec or rec	OWN, M	ED. 2065 att, Ain O	pproximate iterval Between neet and Dear
AN: MEDICAL CERTIFI	ahock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant	epnditio	a. DUE TO b. DUE TO c. DUE TO d	ION AS A CONS (OR AS A CONS (OR AS A CONS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	MATTI P.O. enter the mo	ENGLEY-GA BOX 270 and of dying, such	Part I. 124a. WAS.	AN AUTOPSY ORMED?	ED. 2065 att, Ain O	pproximate iterval Betweenset and Dear
SICIAN: MEDICAL CERTIFI	ahock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant	epnditio	a. DUE TO b. DUE TO c. DUE TO d	OR AS A CONS (OR AS A CONS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	MATTI P.O. enter the mo	BOX 270 ade of dying, such	Part I. 124a. WAS.	AN AUTOPSY ORMED?	ED. 2065 att, Ain O	pproximate iterval Between neet and Dea uropsy Finding Sile Prior To Thomas The Cause
SICIAN: MEDICAL CERTIFI	ahock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  PART II. Other significant  25. WAS CASE REFERRED TO N EXAMINER?  1   YES 3   NO  27. MANNER OF DEATH	epndition	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Dinpatlant 2 2se. DATE OF	OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):  3 □ DOA	MATTI P.O. enter the mo	BOX 270  BOX 270  Inde of dying, such a such	Part I. *24a. WAS. PERF	AN AUTOPSY ORMED?	24b, WERE A AMAILAB COMPLE OF DEA	pproximate iterval Between neet and Dea uropsy Finding Sile Prior To Thomas The Cause
PHYSICIAN: MEDICAL CERTIFI	ahock, or hear  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERREO TO N EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH TO Beaturel 5 Per	epndition	a. DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 Pinpetient 2 28e. DATE OF (Month, D.	OR AS A CONS  (OR AS	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  3 □ DOA □  28b. TIME C INJUR	MATT] P.O. enter the mo	BOX 270  BOX 270  Dide of dying, such a servic	Part I. *24a. WAS. Pert I. *24a. WAS. Pert I yes	AN AUTOPSY ORMED?	24b, WERE A AMAILAB COMPLE OF DEA	pproximate iterval Between neet and Dea
ED BY PHYSICIAN: MEDICAL CERTIFI	ahock, or hear  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO M EXAMINER?  1   YES 3   NO  27. MANNER OF DEATH   Datural 5   Pei   Accident   3   Suicide 6   Co	ending	a. DUE TO b. DUE TO c. DUE TO d	OR AS A CONS  (OR AS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):  3 □ DOA	MATT] P.O. enter the mo	BOX 270  BOX 270  Dide of dying, such a servic	Part I. *24a. WAS. Pert I. *24a. WAS. Pert I yes	AN AUTOPSY ORMED?  W INJURY OCCL et and Number of	24b, WERE A AMALAS COMPANION 1   YE	pproximate iterval Between neet and Dea
ED BY PHYSICIAN: MEDICAL CERTIFI	ahock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO N EXAMINER?  1 YES 3 NO  27. MANNER OF DEATH  Daturel 5 Per 2 Accident 3 Suicide 6 Co 4 Homicide 6 Co 4 Centrifier (Check only 1 DERTIFIER (Check only 1 DERTIFIER	condition  condition  medical  meding restigation and to be termined tyring Physics	a. DUE TO b. DUE TO c. DUE TO d	ISE ON EECH III  ON AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  ER/Outpetlant  INJURY  INJURY  INJURY  At etc. (Specify)	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):  3 □ DOA	MATTI P.O. enter the mo	BOX 270  and pid dying, such a second pid dying, such a second pid dying, such a second pid dying, such a second pid dying a se	Part I. *24a. WAS. Part I. *24a. WAS. PERF 1 YES  **Deck only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stre- City or Rown, Ste	AN AUTOPSY ORMED?  W INJURY OCCU et and Number of tel manner as state-	24b. WERE A AMAILAND COMPLETOF DEATH OF	pproximate terval Betweenset and Dear interval
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CONTRACTOR OF THE STATE OF

Barbaron mayers

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

(0)

1, DECEDENT'S NAME (First	) (	MYISJ	W M	1	ONEI			5	1 /	11		6
4. SOCIAL SECURITY NUMBER	BER	6. SEX		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF	BIRTA ev Vear)	10	B. BIRTHPLA	NCE (State or Foreign
234-31-0260		1 S M 2 □ F	1	7 YRS.	MONTHS DAYS	NOURS	MIN.	Nov. 1	12, 16ar)	973 N	orfor	ck, Va.
9a. FACILITY NAME (Il not in					9b. CITY, TOWN		ON OF DE	EATH			TY OF DEAT	
Prince Geor		neral Ho	spita	Τ	Chever	ly				Prin	ice Ge	eorges
Oa. STATE	10b. COUNT	γ		10c. CITY,	TOWN OR LOCA	ATION					10	d. INSIDE CITY
Maryland	St. N	lary's		Pine	y Poin	t					1 [	LIMITS?
00. STREET AND NUMBER			7		-	of. ZIP CODE		-		10g. CITIZE	EN OF WHA	T COUNTRY?
P.O. Box 18	1					2067	4			U	J.S.A.	
Never Married 2  Widowed 4 Divi		12. WAS DECEOEI FORCES? IF YES, GIVE	1 YES	2 NO	If yes, s		n, Mexica	NIC ORIGIN? (S in, Puerto Rica y:		or No— 1		American Indian, Thita, etc. Vhite
15, OEG	CEOENT'S EOL	ICATION	1	IGA. OECEOENT'S L				16b. KI	NO OF BUS	INESS/INOU	ISTRY	
(Specify on Elementary/Secondary (	ly highest grade 0-12)	College (1-4 or 5	(+)	(Give kind of weather. Do NOT use	ork done during n retired.)	nost of working	g					
11th grade				Studer	nt			Scl	hool			
7. FATHER'S NAME (First, A			-12			18. MOTH	IER'S NA	ME (First, Midd	dle, Maiden	Sumame)		
John Donal	d Robe	erts				P	atri	ice Jo	an Ho	well		
9a. INFORMANT'S NAME (	Type/Print)			19b. MAILING	AOORESS (Street	t and Number	or Rural	Route Number,	City or Town	, State, Zip C	Code)	
John D. Ro	berts			P.O. I	Box 181	Pi	ney	Point	, Md.			
ea. METHOD OF DISPOSI ☐ Burlal 2 🂢 Cremati	TION	novel from State		PLACE ANO OATE metary, crematory		N (Name		OATE		CATION — C		
☐ Donation 5 ☐ Othe	r (Specify)			Lee's C	remator			5/18/9	1 C1	intor	n, Md	•
1. SIGNATURE OF FUNERA	AL SERVICE U	CENSEE //				AND ADDRES						
Marie	OB	May			Matti	nalorz	-Car	cdiner				
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3. TIME OF DEATH

2. DATE OF DEATH

91 10 Annabelle Raikes 8:08 4. SOCIAL SECURITY NUMBER 5 SEX 8. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH A. BIRTHPLACE (State or Foreign (Month, Day, Year) 7-23-1913 07 23 HOURS 220-01-1710 1 M 2 X F 77 YRS. MD 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 95 CITY TOWN OR LOCATION OF DEATH Memorial Hospital Talbot DIRECTOR Easton RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Talbot Easton 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5960 Manadier Road 21603 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TO NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 TES 2 NO Specify Black BY 3 🕅 Widowed 4 🔲 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5+) 12th Domestic at\_once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Howard Wilson Nancy Skinner

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) notified 19a. INFORMANT'S NAME (Type/Print) 9 Gladys V. Greene 5960 Manadier Road Easton, Md. pe 20e. METHOD OF DISPOSITION
1 M Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b, PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE examiner must Oueen Esther Town, Md. Ivy 21, SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Bennie Smith Funeral Home, P.O. B 928 Hurlock, Md. medical Approximate 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert fellure. Liet only one cause on each line. Onset end Death IMMEDIATE CAUSE (Final the disease or condition\_\_ Rena resulting in deeth) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 50 PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER: lient 2 - ER/Outpetient 3 - DOA ne 5 - Residence 8 - Other (Specify) 4 - Nurs 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending Investigation Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 8 Could not be COMPLETED 4 Homicide 28

29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 22) (Type, Print) U

32. REGISTRAR'S SIGNATURE

Mia Princer Randoll

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16

2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due

29c. LICENSE NUMBER

3213

MARYLAND page 5 should urs after death. Page 6 may be retained BALTIMORE, director, the funeral filled in by the fi 0 completely filled rial, cremation, BOX 68760, burial. and signed by the attending physician a Health and Mental Hygiene prior to OR ATTENDING PHYSICIAN: The law requires that the death certificate be of DRECTOR: After this certificate has been signed by the attending physician hours after death with the State Dept. of Health and Mental Hygiene prior the P.0. s has been signed by the attent to Dept. of Health and Mental F m 23 shows any Injury, or DIVISION OF VITAL RECORDS, t: After this certificate has r death with the State Del Is marked, or Item 2: TO THE HOSPITAL OF THE FUNERAL DE FIER WITHIN 72 ho FUNERAL ( within 72 h

Item.

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Pages 1, 2, 3 should

permit.

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DHMH-16 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND	MENTAL HYGIE	45	, ,	14035
	1. DECEDENT'S NAME (First, Middle, Lest)	e M. 54	with			May 1	B, 19	year 991	3. TIME OF DEATH
i	4. SOCIAL SECURITY NUMBER 219-03-8574	1 🔀 M 2 🗆 F	(In yrs. last birthday) 73 YRS.	IF UNDER 1 YE	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 1,	_	Mary	land
	9a. FACILITY NAME (If not institution, give st Washington Coun	·			ON OR LOCATION OF DI	EATH		nty of or ningt	
	nesidence of decedent 10a. state 10b. county Maryland Wash:	ington		Y, TOWN OR L				Ĭ	10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER  12F Milestone (		I WI	lliamsı	10f. ZIP CODE		300		1 X YES 2 NO
	11. MARITAL STATUS  1 Never Married 2 ** Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 ZINO	If yes	21795 DECENDENT OF HISPA s, specity Cuban, Mexica YES 2 NO Specit	an, Puerto Rican, etc.)	len or No —	14. RACE	
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2		Ille. Do NOT u	work done during se retired.)	PATION g most of working	16b. KIND OF B		DUSTRY	White
No.	17. FATHER'S NAME (First, Middle, Last) Roy A. Smith		Mana	ger		Parga		<u>-</u>	
	199. INFORMANT'S NAME (Type/Print) Mary L. Smith				reet end Number or Rural				
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem	oval from State 20	B BLACE AND DAT	E OF DISPOSIT	ne Garden	DATE 20c I	OCATION -	City or To	urn State
	4 Donation 5 Other (Specify)  21. BIGHATURE OF FUNERAL SERVICE UP	TO P	iney Pla	22. NAN	netery 5/ HE AND ADDRESS OF FA	Grove	Funer	al H	lome
	Sequentially list conditions,		e cava A consequence of Scler of the A consequence of	draic OFI: c. Card	arrythi	lar Disca	SC 14	· · · ·	Interval Between Onset and Death 3 days
	PART II. Other significant condition	ns contributing to death		In the under	riying ceuse given in	PERF	AN AUTOPSY ORMEO? 2 ILMO	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 DIMO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Ipatient 3 DOA	OTHER:	28. PLACE OF DEATH (C				
	27. MANNER OF DEATH  1 Patural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. Til	JURY	work?	28d. DESCRIBE HOV	V INJURY O	CURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spo	IY — At home, farm, ec/fy)	street, factory,	office	26t. LOCATION (Stran City or Town, Sta	et end Numbe ite)	or Or Rural i	Route Number,
	anal only	ICIAN: To the best of my kno							e) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE  JULIAN E.  30. NAME AND ADDRESS OF PERSON WITH	Amile, "	FATH (ITEM 27) (Tur	ie, Printi	DIC 1	+75	•	5/2	(Month, Day, Year)
	Richard C. 57 31. DATE FILED (Month, Day, Year) WAY 28 '91	32. REGISTRAR'S SIG	1700	cal	c Hill A	it. Itage	erster	wa ,	Jud 21780
1	MI 20 31	Freha Davidson	n-yandelly						

DIVISION OF VITAL RECORDS, P.O. 68760, THE HOSPITAL OR ATTENDING PHYSICIAN: The manufacture of each attended within 1	reference to so	SB760, Futed within 24 hour	BALTIM after death. Page	BALTIMORE, MARYLAND  ther death. Page 6 may be retained by the hos	YLANI by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention of a considerable filled in by the funeral director, page 5 should be detached by filed within 72 hours after death with the State Unit, of Heath and Mental House Patien in Junial, cremation, or removal.	a loud and	a completely filled in	by the funeral dire emoval.	ctor, page 5 should	be detach
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other transfelle event, the medical examiner must be notified at once.	Michael	ille event, the me	ifcai examiner r	nust be notified	at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME			MENTAL HYGIENE REG. NO.		14036
	1. DECEDENT'S NAME (First, Middle, Last)	Nelson Mor	gan SHEPP	ARD, S	R. O	2. DATE OF OEATH MONTH DAY	Y YEAR	3. TIME OF DEATH
		5. SEX 6. AGE (In	73 yrs. last birthday) IF U	HS MAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 22,19	8. BIRT Cour Wes	HPLACE (State or Foreign try) t Virginia
_	9e. FACILITY NAME (If not institution, give street		9b. (		R LOCATION OF DE		9c. COUNTY OF	
HOT:	Washington County	Hospital		Hag	erstown		Washi	ngton
DIRECTOR	Maryland Wa	shington	10с. СТУ, ТОУ	on Locati	344			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 1914 Virginia Av	onuo	`		21740			WHAT COUNTRY?
NE I		12. WAS DECEDENT EVER IN	U.S. ARMEO	13. WAS DECI		IC ORIGIN? (Specify Yea	U.S.,	E American Indian.
BY	1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	If yes, spe		, Puerto Rican, etc.)	Bia	ck, White, atc.  city:  White
COMPLETED	15. DECEOENT'S EDUCA (Specify only highest grade on Elementary/Secondary (0-12)		16e. OECEDENT'S USUA (Give kind at work d life. Do NOT use retir	L OCCUPATIO one during mod ed.)	N It of working	16b, KINO OF BUS	MESS/INDUSTRY	
MP	0-11		assembly			truck		
8	17. FATHER'S NAME (First, Middle, Last)  Abasha Shepp	ard				we (First, Middle, Melden abeth Bise		
H	19a. INFORMANT'S NAME (Type/Print)	aru	19b. MAILING AOD	RESS (Street o		Toute Number, City or Town		
2	Mrs. Margaret Shep	pard				Hagerstow		land 21740
	20s_METHOD OF DISPOSITION 1		PLACE AND DATE OF C emetary, crematory or off Cest Haven			1-4	CATION - City or Hagerst	
	21. SIGNATURE OF FUNERAL SERVICE LICES		1	22. NAME AN	D ADDRESS OF FAC	MINNIC	H FUNER	AL HOME
	Kou Do	100 uns	red-					n, MD 21740
	23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) s.	Sofic	Shoot	Sa			Λ	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Necro DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):	out	ine 2	dior Or utestin	٧	Edaze
PHYSICIAN: MEDICAL, C	PART II. Other significant conditions  Charles Conditions		ut not resulting in the			Part I. 24a. WAS AN PERFOR	MED?	No. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	LOT	26. PL HER:	ACE OF DEATH (Ch	eck only one)		
IXSI		1 Inpatient 2 ER/Outp	atient 3 DOA 4 D	Nursing Hom		8 Other (Specify)		14/14
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		RK?	28d. DEŞCRIBE HOW I	NJURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, street			28f. LOCATION (Street of City or Town, State)	end Number or Run	I Route Number,
COMPLETED	cont only	IAN: To the best of my knowl : On the basis of examination						e(e) end menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			0	29c. LICENSE NUI			ED (Morth, Day/Ner)
) BE	0, 511	W	Day	the	D 181	27	> 5	15-191
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (LIEM 27) (300)	1/	SL 4	anchun	Le le	Q 21760
	31. DATE FILED (MOOTE DAY, 2008 191		pruge Pande	ee.	/	77001010	7 100	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TENC	OR:	60
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	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained in a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the funeral director, page 5 sh and second material premation or removal.	IMPORTANT: It them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified in
	HO	F	N.
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	2	23	3 2

1 - STATE REGISTRAR	SIAIL OF MAILIEA	CERTIFICATE	OF DEATH AND N	REG. NO.	91 14837
George Tho  4. Social Security Number  215-34-3744	mas Smith-Sr s. sex   s. age (In	yrs. last birthdey) IF UNDER 1 V	EAR IF UNDER 24 HRS. AYS HOURS MIN.	2. DATE OF DEATH DAY DAY 7. DATE OF BIRTH POST OF 193	3. TIME OF DEATH  9 / 200 M  8. BIRTHPLACE (State or Foreign  Country)
9. FACILITY NAME (If not institution, 323 N. JONA) RESIDENCE OF DECEDEN	than St.	9ь. сіту, то	own on Location of DE gerstown	ATH 9c. COU	NTY OF DEATH
10a. STATE 10b. CO Wall 10b. STREET AND NUMBER	shington	10c. CITY, TOWN OR Hager	stown	l	10d. INSIDE CITY LIMITS? 1 YES 2 NO
323 N. Jona	than St.		101. ZIP CODE 21740	U.	S • A
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2-NO If y	S DECENDENT OF HISPAN es, specify Cuben, Mexical YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S (Specify only highest Selementary scandary (0-12)		16a. DECEDENT'S USUAL OCC (Give kind of work done dur life. Do NOT use retired.)	ing most of working	16b. KIND OF BUSINESS/INC	DUSTRY
17. FATHER'S NAME (First, Middle, Las Albert Camp	6217		Jane S		
19a. INFORMANT'S NAME (Typo/Print) Dorothy Bell		66 W. Nort	h St. Hag	coute Number, City or Town, State, Zie, Carstown, MD	21.740
20ng METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FURERAL SERVIC	Removal from State	PLACE AND DATE OF DISPOS  Processor Community of Dispose  22. NA  21.	hetery ME AND ADDRESS OF FA	Hagerst St. Hagerst	neral Home
23. PART I, Enter the diseases abock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A C.	ch line.		Scular	Interval Between Onset and Dasi
PART II. Other eignificent cond  CONCLECTIONS	of lary	it not resulting in the under	erlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 700	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 2 YES 2 NO  27. MANNED OF DEATH  1 Neturet 5 Pending	AL HOSPITAL: 1   Inpatient 2   ER/Output 28a. DATE OF INJURY (Month, Day, Year)		26. PLACE OF DEATH (Ch g Home 5 Residence 8c. INJURY AT WORK?		COURED
2 Accident Investigat 3 Suicide 8 Could in 4 Homicide determin	ot be 26e. PLACE OF INJURY building, etc. (Speci	— At home, farm, street, factor	1 YES 2 NO	261. LOCATION (Street and Number City or Town, State)	er or Rurel Route Number,
CONTOCK ONLY	PHYSICIAN: To the best of my knowledge.  AMINER: On the basic of examination				
296. SIGNATURE AND TITLE OF CER			29c LICENSE NUI	#BER 29d, DAT	TE SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON  31. DATE FILED (Month, Day, Year)	N WHO COMPLETED CAUSE OF DEA	6100ak	HillAre	Hagerston	in moz174

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TO THE HOSPITAL OR ATTENDING PRINCIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE HOSPITAL OR ATTENDING PRINCIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Weistal Hygiene prior to burial, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		CATE OF		REG. NO.	-	1 14838
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YE	ar 3. TIME OF DEATH
	Helen Rex Shro	yer				5 16		7 3000 W
			yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.8	BIRTHPLACE (State or Foreign Country)
1	400 20 2110	1 D M 2 AF 84	YRS.			7 15		IOWA
_	9a. FACILITY NAME (If not institution, give stre				OR LOCATION OF DE		9c. COUNTY	
DIRECTOR	Carroll County	General Ho	spital	Wes	tminste	r	Car	roll
[ ដូ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CITY,	TOWN OR LOCAL	TION			10d. INSIDE CITY
뜽	MD Carr	110	-4	Wes	tminste	ייך		LIMITS?
	10e. STREET AND NUMBER	. • • • • • • • • • • • • • • • • • • •			. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	200 St. Luke Ci	rcle			21157		U.S	
3	<u> </u>	12. WAS DECEDENT EVER IN	U.S. ARMED		ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.
7	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuben, Mexica 2 NO Specify	n, Puerto Rican, etc.)		Black, White, etc. Specify:
ВУ	3 🕅 Widowed 4 🗌 Divorced							White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a. DECEDENT'S L (Give kind of w	ISUAL OCCUPATION done during months retired.)	ON set of working	166. KIND OF BUS	INESS/INDUST	TRY
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)						
MP	17. FATHER'S NAME (First, Middle, Last)		libra	rian		publi		rary
		0				ME (First, Middle, Melden	Surname)	
BE	Ebner Monroe F	tex	100 1101	ADDRESS COMMIT		e Estle	- Charles The Con-	4.1
2	Mr. Charles Wa	17000				-11		
	299 METHOD OF DISPOSITION				metery, cremetory or		TIIS CE.	r. MD 21157
	1.A Buriel 2 Cremetion 3 Removed 4 Donation 5 Other (Specify)	val from State	other piece)		emetery			The same of the sa
	21. SIGNATURE OF FUNERAL SERVICE LICE		AGS CHITH		ND ADDRESS OF FA		SCHITIE	ter, MD
				Prit	ts Fune	eral Home	& Ch	apel minster. MD
	Robert K. I							
	23. PART I. Enter the diseases, or co shock, or heart fellure. L			ot enter the mo	oda of dyling, auc	h ea cardiac or reap	ratory arrest,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death
	resulting in death)	•	CONSEQUENCE OF	MIA				Days
		DUE TO (OR AS A	CONSEQUENCE OF	):				
N	Sequentially list conditions, b.	MET	CONSEQUENCE OF	1001	HP 1192	CARCI.	Nome	YEARS
1	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A						
FICA			CONSEQUENCE OF	):				
RTIFICA	CAUSE (Disease or injury		CONSEQUENCE OF	):				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A						
_	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A						24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
CAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A				Part I. 24a, WAS AN	IMED?	24b. WERE AUTOPSY FINDINGS
CAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A				Part I. 24a. WAS AN PERFOI	IMED?	24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
CAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions	DUE TO (OR AS A		n the underlyin	g cause given in	Part I. 24a. WAS AN PERFOI	IMED?	24b. WERE AUTOPSY FINDINGS AMBILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS A contributing to death but HOSPITAL:	at not resulting in	28. P OTHER: 4   Nursing Hor OF 28c. IN	g cause given in	Part I. 24e. WAS AN PERFOI	MED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	DUE TO (OR AS A contributing to death by HOSPITAL: 1 1 Properties 2 = ER/Outp Inpatient 2 = ER/Outp (Month, Day, Year)	at not resulting in	28. P OTHER: 4   Nursing Hor WM 1	g cause given in	Part I. 24a. WAS AN PERFOI 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease of Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR AS A contributing to death but co	atient 3 DOA	28. P OTHER: 4   Nursing Hor WM 1	g cause given in	Part I. 24e. WAS AN PERFOI  1 YES :  eck only one)  6 Other (Specify)	NJURY OCCUR	24b. WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident 3 Sufeide 6 Could not be determined	DUE TO (OR AS A  Contributing to death by  HOSPITAL: 1 (Vinpatient 2   ER/Output  25e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spec	at not resulting in	26. P OTHER: 4   Nursing Hor NPY   M   1   1	g cause given in	Part I. 24e. WAS AN PERFOI  1 YES 2  eck only one)  6 Other (Specify)  28d. DESCRIBE HOW (Street City or Town, State)	NJURY OCCUR	24b, WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident 3 Sufeide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 1 CERTIFYING PHYSIC (Check only 1 CERTIFYING PHYSIC	DUE TO (OR AS A  Contributing to death but  HOSPITAL: 1 (Vinpatient 2   ER/Output  25e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spec	atient 3 DOA  25b. Tilet INJ	26. P OTHER: 4   Nursing Hor NPY   M   1   1   treet, factory, officed at the time, dat	g cause given in	Part I. 24a. WAS AN PERFOI  1 YES 2  eck only one)  6 Other (Specify)  28d, DESCRIBE HOW City or Town, State)  to the cause(s) end ma	NJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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Laster of Laster

D THE HOSPITAL OR ATTENDING PHYSICIAN: The law results are seen the seen certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	IMPORTANT: It item 28 is marked

	FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF					NTAL HYGIEN	E 9	1 14839
	1. OECEDENT'S NAME (First, Middle, Last) JOHN HAM	ILTON	SINGER				2. N	MANTH 19,	1991 9"	SAR 12:04AM
1000	4. SOCIAL SECURITY NUMBER 217–36–4227	1 MA[3E] F	AGE (In yrs. lest birthday) 88 YRS.	IF UNDER 1 1		F UNDER 24 I	HRS. 7.	Month of Birth		BIRTHPLACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give a CARROLL COUNTY GEN RESIDENCE OF DECEDENT			WEST			OF DEATH		CARROL	
DIRECTOR	10a. STATE 10b. COUNT CARR	OLL	r'ane	YTOWN	LOCATIO	N				10ds/NSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	BIS TANEY DR.				10f, Z	P CORE	787		10g. CITIZE	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowij 4 Divorced	12. WAS OECEOENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	H 3	yes, speci		Aexican, P	ORIOIN? (Specify Ye uerto Rican, etc.)		RACE — American Indien, Black, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. OECEDENT'S (Give kind of life. Do NOT L	S USUAL OCC work done dui use retired.)	CUPATION ring most	of working		166. KIND OF BU		TRY
S O O	17. FATHER'S NAME (First, Middle, Last)				1			(First, Middle, Melder	Surname)	
BE	ROY HAMILTON SINGE	ER						COVER		
2	J. ROGER SINGER		791 GE					Number, City or Tow LESTOWN	_	PA 17340
	20a. METHOD OF CISPOSITION BUR] 1 Gurlet 2 Cremetion 3 Ren 4 Donation 6 Other (Specify)	AL novel from State	206. PLACE AND DATE OF CREED CREED							Ver Town, State VINDSOR, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	Q. Wast	Per	22. N/				TY D. D. IDGE, MD	HARTZLI	ER & SONS
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. ATHERO DUE TO (OF		OF):						Onset and Daeth  TON 40 Hours  YEARS
PHYSICIAN: MEDICAL CE	PART II. Other algorificent condition	ne contributing to de	ath but not resulting	in the und	lerlying (	cause giv	en in Pai		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	,			26. PLA	CE OF DEA	TH (Check	only one)		
SIC	EXAMINER?	HOSPITAL:	R/Outpetient 3 DOA	OTHER:		5 🗆 Resid	lence 6	Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH  1 Netural 6 Pending 2 Accident investigation	26e. OATE OF IN. (Month, Day,		ME OF 2	26c. INJUF WORK 1 TYE			d. OEŞCRIBE HOW	INJURY OCCUP	RED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF it building, etc	NJURY — At home, farm, . (Specify)	, street, factor	ry, office		20	81. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	CONSCR ONLY	ER: On the beet of my								cause(a) end manner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Phro	- A	W	1	DO	166	3	29d. DATE S	IONED (Month, Day, Year)
5	SO. NAME AND ADDRESS OF PERSON W	COMPLETED CAUSE	OF DEATH (ITEM 27) (THE	oe, Print)	٤	WE	STY	DR ST WINGTE	e ms	21157
	31. DATE FILED (Month, Day, Year)	32. REGISTRATE	SIGNATURE Fundal	<u> </u>				7		

and companies mad in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should burial, committee, or removal. cuted within 24 mours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deathfreent TO THE FUNERAL DIRECTOR: After this certificate has been signed by the articular be filed within 72 hours after death with the State Dept. of Health and Mernal Morral IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other DIVISION OF VITAL RECORDS, P.

matic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIEN		. 14040
	1. DECEDENT'S NAME (First, Middle, Last)	HEYWARD CONY	ERS SAULS			2. DATE OF DEATH MONTH DATE MAY 15		3. TIME OF DEATH P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign
	251-58-0548 9a. FACILITY NAME (If not institution, give	1 M 2 F	50 YRS.	NTHS DAYS	R LOCATION OF DE	SEP 11 19		UTH CAROLINA
FUNERAL DIRECTOR	NATIONAL NAVAL				ETHESDA	zain		GOMERY
ပ္ထ	10a. STATE 10b. COUNT	Y	10c. CITY. T	OWN OR LOCAT	ION			10d, INSIDE CITY
E		TO OLUMBIA		DEMILE	T. A.			LIMITS?
5	MARYLAND MON'	<u> rgomery</u>		BETHES	ZIP CODE		10- CITIZEN	OF WHAT COUNTRY?
A			0	100				
밀	7401 WESTLAKE				20817			D STATES
5	11. MARITAL STATUS  1 Never Merried 2 (**) Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPAN scify Cuban, Maxica	IIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No 14.	RACE American Indian, Black, Whits, atc.
B⊀	3 ☐ Widowed 4 ☒ Divorced	IF YES, GIVE WAT OR DA	TES	1 🗌 YES	2 X NO Specify	<i>y</i> :		Specify: WHITE
	15. DECEDENT'S EDU	1957 - 1	16s. DECEDENT'S US			16b. KIND OF BU		
COMPLETED	(Specify only highest grad		(Give kind of work life. Do NOT use re	done during mo	et of working			
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)	Finance		•			ctunities
2		5+	Tindhee	OIIICE.			mmissio	on
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
BE	JAMES PLOWDEN	N SAULS, Jr.				DIE CARRIE		
9	19a. INFORMANT'S NAME (Type/Print)		196, MAILING AD	DRESS (Street a	nd Number or Rural	Route Number, City or Tow	m, State, Zip Cod	0)
F	AUBREY P. SAULS		1761 P	APAYA I	RIVE, O	range Park	, Flori	da 32073
	20a. METHOD OF DISPOSITION 1 X Burlei 2 Cremation 3 Rem	206	PLACE AND DATE OF	OISPOSITION	(Name5-20-	9 DATE 20c. LC	CATION — City	or Town, State
	4 Donation 6 Other (Specify)	Ar	emetary, crematory or lington N	ationa.				Virginia
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAME AN	ID ADDRESS OF FA	CHITYRObert	A. Pump	hrey Funeral
	> 1/h 1 h	₩006	00	Home/I	Bethesda	-Chevy Cha	se, Inc	2. 7557 aryland 20814
	1777	Cana 7				-		
	23. PART I Enter the diseases, or most, or heart failure.	complications that ceused . Liet only one ceuse on e	the deeth. Do not ech line.	snter the mo	de of dying, suc	h as cardiac or resp	iratory srrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel							Onset and Deeth
	disesse or condition resulting in death)	METASTA	TIC MALIG	NANT M	ELANOMA			
		DUE TO (OR AS A	CONSEQUENCE OF):					
z		b						
음	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
2	cause. Enter UNDERLYING CAUSE (Disesse or injury	c						
E I	that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in deeth) LAST	d					1,345.0	
	DART II Other significant condition	no anatribution to death b		de a seconda adeida.	- many atoms to	Post Lav unav		
AL	PART II. Other significant condition	e contributing to deeth b	ut not resulting in t	ne underlyin	g cause given in	Part i. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
움						1X YES	2 🗆 NO	COMPLETION OF CAUSE OF DEATH?
핗								1 TES 2 NO
BY PHYSICIAN: MEDIC								
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)	717	
S	1 TES 2 X NO	HOSPITAL:		THER:  Nursing Hom	e 6 - Residence	6 Other (Specify)		
₹	27. MANNER OF OEATH	28a. OATE OF INJURY	28b, TIME C	F 28c, INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCURE	ED
2	1 Natural 5 Pending	(Month, Day, Year)	INJUR		PRK?			3. 1.1
	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	— At home, farm, atre	et, factory, offic	•	261. LOCATION (Street	and Number or R	tural Route Number,
	4 Homicide 6 Could not be	building, etc. (Spec	Hy)			City or Town, State	)	
<u> </u>	29s. CERTIFIER							
ᅙ	(Check only	SICIAN: To the best of my know						
COMPLETED	2   MEDICAL EXAMIN	IER: On the basis of examination	and/or investigation,	n my opinion, c	leath occured at the	time, dets and piece, a	nd dus to the ca	use(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE 05 CERTIFIE	ER			29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Ybar)
	S. U. Lan	In MO			D-3746	8	> 5	-16-91
6	30. NAME AND ADDRESS OF PERSON W		ATH (ITEM 27) (Type, Pr	int)		NAVAL MEI	ICAL C	ENTER
11	S. V. LEWINSKI.	LCDR, MC, US	SM			, MD 20889		
	31. DATE FILED (Month, Day, Year)		ATURE		PRITTER	1 III 2000	, 5000	
	MAY 17 '91	32: REGISTRAR'S SIGN	an Mandell					

1 THE VIEW

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	PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by a property or attending physician.	ermit.		
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OF VITAL RECORDS, P.O. BOX 68760,	e law	has b	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	that an item of shound and follows an other designed the modified averaging money has malled
IT/	AT :N	icate	State	140
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3	1. DECEDENT'S NAME (First, Middle, L.			SMIT	U		2	DATE OF DEATH	or action	3. TIME OF D	EATH P
	DESHANTE  4. SOCIAL SECURITY NUMBER	L.	A AGE (In use	SML1	IF UNDER 1 YEAR	R IF UNDER		DATE OF BIRTH		BIRTHPLACE (State of	
-		1 M 27 F	or rear (iii yio	YRS.	MONTHS DAY		MIN.	(Month, Day, Year) 4-27-91		Maryl	_
	None 9a. FACILITY NAME (If not institution, g	give street and number)			9b. CITY, TOW	N OR LOCATIO	ON OF DEAT			Y OF DEATH	-
OR	SHADY GROVE ADV		SPITAL		ROCK	VILLE			MONTO	GOMERY CO	UNT
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. CO			10c. CIT	TY, TOWN OR LO	CATION				10d. INSIDE	STY
DIR	Maryland	Montgome	ery	I	Dicker	son				LIMITS?	
FUNERAL	100. STREET AND NUMBER 20025 Peachts	ree Road				10f. ZIP CODE	2 Ekex	0842 Bon	10g. CITIZE	N OF WHAT COUNTR	Y?
BY FUN	11. MARITAL STATUS  12 Merried 2 Merried  3 Widowed 4 Divorced		NT EVER IN U.S 1 Tyes 2 War or dates	NO	If yes,	specify Cube		ORIGIN? (Specify Ye Puerto Rican, etc.)	s or No- 14	I. RACE — American Black, White, etc. Specify: Blac	_
6	15. DECEDENT'S (Specify only highest of		16a	DECEDENT'S	Work done during	ATION most of working	ia.	16b. KIND OF BU	SINESS/INDUS	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done during use retired.)						
N N	None 17. FATHER'S NAME (First, Middle, Last			NC	one	40 14077	UED'O MAME	(First, Middle, Maide	Sumana		-
	Joseph Hall	7						. Smith			
BE .	19a. INFORMANT'S NAME (Type/Print)							te Number, City or To			
5	Tia M. Smith	(Mother)		2002	25 Pea	chtre	ee Rd	., Dick	erson	, MD 20	84
ń.	20s. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3	Removal from State	20b. PL	ACE AND DAT	E OF DISPOSITI	ON (Name	1	DATE 20c. L		ly or Town, State	MI
	4 Donation 5 Other (Specify)		_ Br	cooke	Grove				-	sville,	ML
	Junye!	RAnso	and or	,,	SNO	WDEN	FUNE	RAL HON	Æ, P.	Α.	
		, or complications th ure. List only one ce	at coused the	e death. Do		KVILI	LE, M	ID 20850		at, Appro	i Be
ERTIFICATION	23. PART I. Enter the diseases, shock, heert felicities immediate CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. SUDDET  DUE TO  DUE TO  C.	use on eech	IT DEAT	TH SYND	KVILI	LE, M	ID 20850		interv	i Bet
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for usibe filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 STATE	STATE OF MARY				MENTAL HYGIEN	ie 9	1 14842
REGISTRAR  1. DECEDENT'S NAME (First, Middle, La	st)	CERTIF	ICATE OF	DEATH	REG. NO		3. TIME OF DEATH
Marco	Emilio	Sot	o, Jr.		MONTH D	AY G	EAR /2/0PM
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH	Ta.	BIRTNPLACE (State or Foreign
F79-69-7206	14XM 2 □ F	CL/ YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
578-68-7206		7/			4 4		ashington, DC
90. FACILITY NAME (If not Institution, gl. 2306 ROCKL)			0	VICUE	ATN	9c. COUNTY	TGOMBRU
RESIDENCE OF DECEDENT			MOUN	VICUE		MON	1 WOM BIG
10e. STATE 10b. COU		10c. CI	TY, TOWN OR LOCA	TION			10d. INSIDE CITY
MD ma	TGOMER.	1	ROOM	11000			LIMITS?
10e. STREET AND NUMBER	100111			f. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?
2306 ROCK	I sall D	VE		205	17.		
11. MARITAL STATUS	12. WAS DECEDENT SVER	DINUIS ADMED	42 NNO DE	C U NICONI	VIC ORIGIN? (Specify Ye		ed States
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 7 YE	S 2 XNO	If yes, sp	ecify Cuban, Mexica 2 NO Specif	in, Puerto Rican, etc.) y:	e or No 14	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S I	DUCATION	164 DECEDENT	S USUAL OCCUPATI	ntral Am	erican 16b. KIND OF BU	ISINGS (MIDUS	
(Specify only highest g	rade completed)	(Give kind of	work done during me	osl of working	190. KIND OF BU	omess/iNUUS	ini
Elementary/Secondary (0-12)	College (1-4 or 5 +)		l Labore	r	CCD mol	anhan-	Compari
	1	Genera	T manore				Company
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malder	Sumame)	
Marco Emilio So	to, Sr.			Mary M.	Polend		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	end Number or Rural	Route Number, City or Tov	vn, Stata, Zip Co	ide)
Marco Emilio So	to, Sr.	4807	Topping	Road Roc	kville, M	arylan	d 20852
20a. METHOD OF DISPOSITION		20b. PLACE AND DAT			DATE 20c. LC	OCATION CITY	y or Town, State
1 X Buriel 2 Cremation 3 F 4 Donation 5 Other (Specify)	lemoval from State	of cemetary, cremator Mt. Olive	y or other place)	rv May	17,1991	Washir	ngton, DC
21. SIGNATURE OF FUNERAL SERVICE			22 NAME A	ND ADDRESS OF EA	CHTY		
Valety F	2		Rober	Chase.	phrey Fune	ral Ho	me/Bethesda- nsin Avenue,
00	Down	M00672					
23. PART I. Enter the diseases,	or complications that causers. List only one cause or		not enter the me	ode of dying, suc	h as cardiac or resp	olratory arres	t, Approximate Interval Between
IMMEDIATE CAUSE (Finel	es mara programme						Onset and Deat
disease or condition	Carre	10.10	C				A1.140
resulting in death)	DUE TO (OR A	S A CONSEQUENCE	0F):	ZUK, G			172010
	a. CONVU	. 1.1-	Dona	-			INDOF
Sequentially list conditions,	b. CONVVL	S A CONSECUENCE	USORI	5614			110001
If any, leading to immediate cause. Enter UNDERLYING	502 10 (011 X	o A GONGEOGENGE	O1 ).				i
CAUSE (Disease or injury	C	C A CONSTOURNER	<b>25</b> .				<u> </u>
thet initieted events resulting in deeth) LAST	A HO) OI 300	S A CONSEQUENCE	OF):				i
resolding in deadily Exist	d						
PART II. Other eignificent condi	tions contributing to deat	h but not resulting	In the underlylr	a cause alven in	Part I. 24a. WAS AI	N ALITTOPRY	24b. WERE AUTOPSY FINDINGS
11		Tour not recounting	, in the discertyn	ig cades given in		RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ALCOUNT	1564				1 TYES	2 04 110	OF DEATH?
							1 TYES 2 X NO
l l							
25. WAS CASE REFERRED TO MEDICA			26. F	LACE OF DEATH (C	heck only one)		
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/C	Outpatient 3 DOA	OTHER:	ne 5 XI Residence	6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJUR	7Y 28b. TI	IME OF 28c. IN	JURY AT	28d. DESCRIBE NOW	INJURY OCCU	RED
1 Natural 5 Pending	(Month, Day, Yea		NJURY W	YES 2 NO	6	- 1 E	1110
2 Accident Investigati		JRY — At home, farm			28f. LOCATION (Street		Purel Brute Number
3 Suicide 6 Could not	De building, etc. (5	Specify)	, screet, rectory, ont		City or Town, State		nuiei nuite nuitoer,
		15			#/0		
29e. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best of my kr	nowledge, death occu	rred at the time, dat	a and place, end du	to the cause(e) and mo	enner as stated	
(Orlean orly)							ceuse(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERT		/					
AND SIGNATURE OF CERT		11. 1		29c. LICENSE NU	MOCH .	290, DATE S	SIGNED (Month, Day, Year)
acce.	alle	HILL	ces	10070	49	7	114/4/
30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DE DE /ITEM 273 / 784	ne Print)	4			

32. HEGISTRAN'S SIGNATURE
Author Davidson Randoll

	1. DECEDENT'S NAME (First, MAN)	Smi	the ALF		WARD	SMITH			0.5	F DEATH 5	/11/	91 VEXTA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs.	( last birthday)	IF UNDER 1 YEAR MONTHS DAYS	#F UNDE	R 24 HRS.	7. DATE OF	Day, Year)	10.50	Country	
	213-58-775			40	rna.	9b. CITY, TOWN	OR LOCAT	ION OF D		Y 26, 1950 COLORADO			
OR	SUBURBAN	1 HOS				BETH			CAIN				GOMERY
DIRECTOR	RESIDENCE OF DECE	10b. COUNT	Υ		10c. CITY	, TOWN OR LOCA	ATION						10d. INSIDE CITY
5	MD.	MON	TGOMERY	Z		BETHES	SDA						1 YES 2 N
₹ N	10e. STREET AND NUMBER					10	of. ZIP COD				10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	10404	FARI	HAM DR.					814				U.S	
	11, MARITAL STATUS  Never Merried 2  N	Married		1 X YES 2	□ NO	If yes, s	pecify Cub	an, Maxic	NIC ORIGIN? an, Puerto Ric		s or No—	Black	- American Indian , White, etc.
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₩.	12 17. FATHER'S NAME (First, Mid	idle Leet)			ELEC	TRONIC	7		SEK AME (First, Mi		SIS	_	_
			TAMIN	SMIT	TI.		16. MO		ARTHA		EANN	न	SANDOR
BE	19a. INFORMANT'S NAME (Typ.		MILI	DIAL I		ADDRESS (Street	and Numbe						DIMPOR
2	JEFFREY	S.	SMITH		SAM	E AS	IT	EM #	<b>‡1</b> 0				
	20a. METHOD OF DISPOSITION 1 □ Burtal 2 Cremation	ON 3 Ren	noval from State			OF DISPOSITIO	N (Name		DATE	20c. L0	OCATION —	City or To	wn, State
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	IMMEDIATE CAUSE (Fine	ert feliure.	Liet only one ce	at ceused the	ilne.	ot enter the m			BERS	CO.	INC.		NG, MD.  20910 Approxime Interval Be Onset and
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THE RESERVE AND LOSS ASSESSMENT

as the burial-transit permit. Pages 1, 2, 3 should

mending physician.

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

## CTATE OF MADVIAND / DEDADTMENT OF BEALTH AND MENTAL BYCICAG

1 - STATE REGISTRAR		SIMIE UF N	MARTLAND	CERTIF	ICATE	OF E	DEATH	MICHI	REG. NO			
1. DECEDENT'S NAME (First	, Middle, Last)								TE OF DEATH			3. TIME OF DEATH
ANTHONY		R	OBERT		Sì	MITH	I	05		1	1991	3:50 A M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTI	HPLACE (State or Foreign
215-66-751	.1	1XXM 2 □ F	34	YRS.	MONTHS D	DAYS	HOURS MIN.	Dec	onth, Day, Year)	956	Cold	orado
9e. FACILITY NAME (If not in	natitution, give s	street and number)			9b. CITY, TO	OWN OR	LOCATION OF				UNTY OF E	DEATH
419 LINCOL	N AVEN	IUE				RC	CKVILI	LΕ			MONT	GOMERY
RESIDENCE OF DEC	CEDENT											
10a. STATE	10b. COUNT				Y, TOWN OR		ON					10d. INSIDE CITY LIMITS?
Maryland		gomery		Roc	ckvill							XX YES 2 NO
						11.30	ZIP CODE					WHAT COUNTRY?
419 Lincoln	St.	12. WAS DECEDEN					20850			U.S		
1 Never Married 2		FORCES? 1	YES 3	NO	If y	es, spec	NDENT OF HISF Hy Cuban, Max NX NO Spe	can, Puerl		PS OF NO.	Spec	E — American Indian, k, Whita, atc. White
	EDENT'S EDU		16a.	DECEDENT'S	USUAL OCC	UPATION	of working	- 1	8b. KIND OF B	JSINESS/I	NOUSTRY	
Elementary/Secondary (		College (1-4 or 5	+)		work done dur se retired.)	my most	or working					
12				Superv	visor				U.S. C	over	nmen	t
17. FATHER'S NAME (First, M							18. MOTHER'S				)	
James B. Sn		r.							ella Se			
19a. INFORMANT'B NAME (							d Number or Run					
Barbara Jea					_		t. Rocl					
20a. METHOD OF DISPOSIT		noval from State			E OF DISPOS y or other place		atory !				— City or T	own, State , Virginia
4 Donation 8 Other		CENEE	Met	горот.		_	ADDRESS OF		91 A.	exai	luria	, viiginia
21. SIGNATURE OF FUNERO	AL SERVICE LA	) ()			22. NA	AME ANU	ADDRESS OF	PACILITY	DeVo	1 Fu	inera.	1 Home
7.0	· Oa			M0089	6   10	) E.	Deer	Park	Dr. Ga	ithe	rsbu	rg, MD 20877
IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condition if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuted initiated events resulting in death) LAS	tions, edieta ring	b	OR AS A CON	SEQUENCE (	OF): OF):							Onset and Death
		d							-			
PART II. Other algnific	ant conditio	na contributing to	deeth but no	ot resulting	In the unde	eriying	ceuse given	In Part I.	24a. WAS PERF	DRMED?	SY 24	b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL						CE OF DEATH	(Check only	r one)			
EXAMINER? YES 2 NO		HOSPITAL:	☐ ER/Outpatien	1 3 DOA	OTHER:		XX Residen	e 8 🗆 C	ther (Specify)			
27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)	28b. TI		Bc. INJU	RY AT	- 10	DESCRIBE HOV	/ INJURY	OCCURED	
A	Pending Investigation	05	11 190		35Å	1   Y	anne .					
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE	OF INJURY A			ry, offica			OCATION (Street) City or Town, Sta		ber or Rural	Route Number,
TOTALCH UTTY		SICIAN: To the best of										(s) and manner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	ER 1		0			29c. LICENSE	NUMBER		29d. (	DATE SIGNE	D (Month, Day, Year)
Monal	dx	5 Wrig	KIM	D			_ 10	ME		P0	5	11. 1991
30. NAME AND ADDRESS O			DE OF DEATH	(ITEM 27) (Typ		1 PF	ENN STE		BALTI	MORE	, MAI	RYLAND 21201
31, DATE FILED (Month, Day	5"01		AR'S SIGNATUR	E 70	482							
MAY 1	7 31	1	worldo	a makeran	-							

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified #1 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Sec.

O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a not a state death. Page 6 may be retained by the improvement of the property of the p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be recently and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Ieem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	i: The law requires that the death cer	cate has been signed by the attendin State Dept. of Health and Mental Hyg	Item 23 shows any Injury, or o
DIVISION OF VI	O THE HOSPITAL OR ATTENDING PHYSICIAN	O THE FUNERAL DIRECTOR: After this certific e filed within 72 hours after death with the S	MPORTANT: If Item 28 Is marked, or I

ermit. Pages 1, 2, 3 should

SACCUL SECURITY NUMBER  S. SEX  S. AGE (IN YR. Isot Debtory)  1	A SOCIAL SECRIFITY NAMES A SOCIAL SECRIFITY NAMES AS ASSET IN ASSE	1. DECEDENT'S NAME (First	t, Middle, Last)							2. DATE O	F DEATH DA	N.	YEAR	3. TIME OF OEATH
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215-50-7294  **S. PORT I MARK OF ANIMATION SEARCH AND ANIMATION SEARCH ANIMATION SEARCH AND ANIMATION SEARCH AND ANIMATION SEARCH AND ANIMATION SEARCH AND A	215-50-7294  ***BANCHIT MANE of MINISTRO TO GRAIN  ***BANCHIT MANE of MINISTRO TO GRAIN  ***BETHESDA RETIZEMENT  ***BANCHIT MANE OF PROCEDENT  ***BANCHIT MA	4. SOCIAL SECURITY NUM	BER	10.00	6. AGE (In yrs. le	st birthday)				68.6 Afr			8. BIRTI	HPLACE (State or Foreign
Bethesda Retirement Center  Bethesda Montgomery  No. COUNTY  No. COTY, TOWN ON LOCATION  Chevy Chase  Set 2005  Set	Bethesda Retirement Center  Bethesda Montgomery  TRESIDENCE OF DECERPITY  100. STREET AND NUMBER  100.			44	80	YRS.				Oct.		910		
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The STREET SALE PROPERTY IN THE PROPERTY SALE OF PROPERTY SALES OF PROPERTY SAL	Security   Security	Bethesda R	etirem	ent Cente	er		Be	thes	da			Мо	ntgo	mery
Chevy Chase   Street   Stree	The STREET AND NUMBER  10. STREET AND NUMBER  3516 Woodbine Street  10. Was decreased to the street and usually appeared					10c. CIT	Y, TOWN C	OR LOCA	rion			_	_	10d, INSIDE CITY
10. SEP CODE  10. MODITION STREET  11. MANTAL STRUE  12. MAS COCCEDENT SUMMERS  12. MAS COCCEDENT SUMMERS  13. MAS DECEMBERS (Park Manufacture Indian, see "No. "In RACE — Annahrican Indian, see "No. "In RACE — Annahrican Indian, see "No. "In RACE — Annahrican Indian, see "No. "In RACE — Annahrican Indian, see "No. "In RACE — Annahrican Indian, see "No. "In RACE — Annahrican Indian, see "No. "In RACE — Annahrican Indian, see "No. "In RACE — Annahrican Indian, see "No. "In RACE — Annahrican Indian, see "No. "In RACE — Annahrican Indian, see "No. "In RACE — Annahrican Indian, see "No. "In RACE — Annahrican Indian, see "No. "In RACE — Annahrican Indian, see "No. "In Race — No.	18.0. STREET AND NUMBER  35.16 WOODS IN STRUES  11. MANDYAL STRUES  12. WAS DECEDENT EVER IN U.S.A.SERVE PROVIDED 11. WAS DECEDENT OF HERNANC ORIGINY (Specify) Two or No. 11. IN. W. S.A. 11. W. S. DECEDENT STRUES 1   1   1   1   1   1   1   1   1   1	Maryland	Monta	Omery		Ch	03737	Chac						
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17. PATER'S NAME (First, Models, Last)  Of to Baller  18. INCHARATS NAME (First, Models, Models, Surseme)  Katie Stefmancher  18. INCHARATS NAME (First, Models, Models, Models, Surseme)  Ratie Stefmancher  19. Incharats Name (First, Models, Models, Models, Surseme)  Ratie Stefmancher  19. Incharats Name (First, Models, Models, Models, Surseme)  Ratie Stefmancher  19. Incharats Name (First, Models, Models, Models, Surseme)  19. Incharats Name (First, Models, Surseme)  19. Incharats Name (First, Models, Surseme)  19. Incharats Name (First, Models, Surseme)  19. Incharats Name (First, Models, Surseme)  19. Incharats Name (First, Models, Surseme)  19. Incharats Name (First, Models, Surseme)  19. Incharats Name (First, Models, Surseme)  19. Incharats Name (First, Models, Surseme)  19. Incharats Name (First, Models, Surseme)  19. Incharats Name (First, Surseme)  19. Incharats Name (First, Models, Name (First, Surseme)  19. Incharats Name (First, Models, Name (First, Surseme)  1	17. PATHER'S MAME (First, Middle, Last)  OLTO BALLET  18a. MOTHER'S MAME (First, Middle, Maidle Surname)  Katie Steinmacher  18b. MAILING ADDRESS (Street and Number of Paul's Paul's Number of Paul's Pau	Elementary/Secondary	(0-12)	College (1-4 or 5 a	·) ///	. Do NOT u	se retired.)							
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196. MALLING ADDRESS (Stawd and Number or Rural Route Number, City or Som, State, Zip Cools)  351.6 Woodbrine Street Chevy Chase, MD. 20815  209. PLACE OF DISPOSITION   200. LOCATION City or Town, State   200.	19b. MAILING ADDRESS (Street and Number or Pural Floute Number, City or Town, Shists, Zip Code)  20b. PLACE OF DISPOSITION   3516 Woodhine Street Chevy Chase, MD, 20815  20b. PLACE OF DISPOSITION Plane of centerly, centality or Oal Comments of Co	17. FATHER'S NAME (First, I	Middle, Last)						18. MOTHER'S	NAME (First, Mi	ddle, Maiden	Surname)		
Paul Shoemaker (Son)  35.16 Woodbine Street Chevy Chase, MD. 20815  30s. PLACE OF DEPOSITION (Name of ceremitry, cornectory or Use Street Chevy Chase, MD. 20816  10 Deposition & Other (Specify)  30s. PLACE OF DEPOSITION (Name of ceremitry, cornectory or Washington, D. C.  31. SIGNATURE AND Constant & Other (Specify)  21. SIGNATURE AND CONSTRUCT LICENSEE  22. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heart feiture. List only one cause on each line.  31. SIGNATURE AND CONSTRUCT LICENSEE  32. PART II. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heart feiture. List only one cause on each line.  33. NAME AND ACCUSE (Pinal disease or condition resulting in death)  34. DOUR TO (OR AS A CONSEQUENCE OF):  35. Sequentially list conditions, in the conditions or injury should be cause. Enter UNDERLYING CAUSE (Pinal disease or injury should be cause. Enter UNDERLYING CAUSE (Pinal disease or injury should be cause. Enter UNDERLYING CAUSE (Pinal disease or injury should be cause. Enter UNDERLYING CAUSE (Pinal disease or injury should be cause. Enter UNDERLYING CAUSE (Pinal disease or injury should be cause. Enter UNDERLYING CAUSE (Pinal disease or injury should be cause. Enter UNDERLYING CAUSE (Pinal disease or injury should be cause. Enter UNDERLYING CAUSE (Pinal disease or injury should be cause. Enter Underlying cause given in Part I. Cate Was AN AUTOPSY PROPRIED CAUSE (Pinal disease or injury should be cause. Pinal disease or person or cause. Pinal disease or person or cause. Pinal disease or person or cause. Pinal disease or person or cause. Pinal disease or person or cause. Pinal disease or person or cause. Pinal disea	Paul Shoemaker (Son)  3516 Woodbine Street Chevy Chase, MD, 20815  20e, METHOD or Copposition  10 Boulas 2 Commeltors 3 Removed from State  20e, PLACE OF DISPOSITION (Name of comments; committing or Washington, D.C.  21. SIGNATURE OF FUNDAL SERVICE LICENSEE  22. OSKE PIN GAWLET'S Sons, Inc. 20016  5130 Wisconsin Ave. Wash, D.C. N.W.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart feiture. List only one cause on each line.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, interval By disease or condition resulting in death)  25. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, interval By disease or condition.  26. CUE TO (OR AS A CONSEQUENCE OF):  27. MANNER OF CONSEQUENCE OF):  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  29. PLACE OF DEATH (Check only one)  29. WASHER FROM DEATH  20. MANNER OF DEATH  20. MANNER OF DEATH  20. MANNER OF DEATH  21. MANNER OF DEATH  22. MANNER OF DEATH  23. MANNER OF DEATH  24. WERE AUTOPSY PROPRISED TO MEDICAL EXAMINER?  25. MANNER OF DEATH  26. CENTIFIER  27. MANNER OF DEATH  28. PLACE OF HAUSEY  M 1 YES 2 NO  28. PLACE OF HAUSEY  M 1 YES 2 NO  28. PLACE OF HAUSEY  M 1 YES 2 NO  28. PLACE OF HAUSEY  M 1 YES 2 NO  28. PLACE OF HAUSEY  M 1 YES 2 NO  28. PLACE OF HAUSEY  M 1 YES 2 NO  28. PLACE OF HAUSEY  M 1 YES 2 NO  28. PLACE OF HAUSEY  M 1 YES 2 NO  28. PLACE OF HAUSEY  M 1 YES 2 NO  28. CENTIFIER  Control on 12. DEPUTY COLORED  29. CENTIFIER  Control on 12. DEPUTY COLORED  29. CENTIFIC NO 12. DEPUTY COLORED  29. CENTIFIC NO 12. DEPUTY COLORED  29. CENTIFIC NO 12. DEPUTY COLORED  29. CENTIFIC NO 12. DEPUTY COLORED  29. CENTIFIC NO 12. DEPUTY COLORED  29. CENTIFIC NO 12. DEPUTY COLORED  29. CENTIFIC NO 12. DEPUTY COLORED  29. CENTIFIC NO 12. DEPUTY COLORED  29. CENTIFIC NO 12. DEPUTY COLO													
200   200	20b. PLACE OF DISPOSITION   John Plane of complexy; crematory or Oak Prince of Complex of Computing 1   Debut 12   Cemetery   Debut 12   Debut 13   Debut 14   Debut 15   Debut 15   Debut 15   Debut 15   Debut 16   Debut													
Comment of Order (Service)   Comment of Ord	1 Control of Control o			(Son)		3516	Wood	bine	Street	Chevy				
23. PART I. Enter the diseases, or complications that caused the desth. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fethure. List only one cause on each line.    Approximate interval Between Approximate Approximat	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SONS, Inc. 20016  5130 Wisconsin Ave. Wash, D.C. N.W.  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval B chases or condition.  IMMEDIATE CAUSE (Final diseases or condition)  a. DUE TO (OR AS A CONSEQUENCE OF):  CALL SECONDARY OF THE CONSEQUENCE OF):  CALL SECONDARY OF THE CONSEQUENCE OF):  CALL SECONDARY OF THE CONSEQUENCE OF):  d. CALL SECONDARY OF THE CONSEQUENCE OF):  CALL SECONDA	1 Buriel 2 Cremet	on 3 🗆 Rem	noval from State	Oak PLACE	OF DISPO	Come:	terv	metery, cremetory (	07				
23. PART I. Enter the diseases, or complications that caused the desth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. Liet only one cause on each line.    Immediate Cause (Final disease or condition)	Centiform   Condition   Cond			CENGEE	- Joak I					F4.04 FTV				
23. PART I. Enter the diseases, or complications that caused the desth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line.    MMMEDIATE CAUSE (Final diseases or condition resulting in death)	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heer felium. List only one cause on each line.  MMEDIATE CAUSE (Final Mediate CAUSE)  BOURT 10 (OR AS A CONSEQUENCE OF):  CALLAGARDIA ALLIER TO (OR AS A CONSEQUENCE OF):  CALLAGA	21. SIGNATURE OF FUNEA	AL SERVICE LI	1 A h	Λ									
Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OP:  CALLAGUERA ACCIDENCE OP:  CONTROL OF DEATH (Check only one)  25. Nes CASE REFERRED TO MEDICAL PROPERTY OF CAUSE OF DEATH (Check only one)  25. Nes CASE REFERRED TO MEDICAL PROPERTY OF CAUSE OF DEATH (Check only one)  25. Nes CASE REFERRED TO MEDICAL PROPERTY OF CAUSE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  CALLAGUERA SAN AUTOPSY PROPERTY OF CAUSE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Check only one)  29. CERTIFIER  CALLAGUERA SAN AUTOPSY PROPERTY OF CAUSE OF DEATH (These only one)  29. CERTIFIER  CALLAGUERA SAN AUTOPSY PROPERTY OF CAUSE OF DEATH (These only one)  29. PLACE OF DEATH (Check only one)  29. CERTIFIER  CHOCK ON SAN ACCIDENCE OP:  CONTROL OF CAUSE OF CAUS	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. OATE OF INJURY  1   Desired to go the performance of the property of the performance of the performanc	1 mu	cha	261	rele	Dr.	5	130	Wiscons	sin Ave	. Was	sh, D	.C.	N.W.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  28. NANNER OF DEATH  1 Natural 5 Pending Investigation   Suicide   Sucided   Suicided   Suici	if any, leading to imm cause. Enter UNDERLY	edlete rING	b. OUE TO	eretros (OR AS A CONSE	OUENCE O	aler are	Vere	ident	ei,		<u> </u>		year
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?    YES 2 NO   NO	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1 Netural 5 Panding Investigation 3 Suicide 5 Could not be determined  28. PLACE OF INJURY At home, farm, street, factory, office  29. CERTIFIER (Check only 1 DEATH)  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1 YES 2 NO  28. OATE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY At home, farm, street, factory, office  29. CERTIFIER (Check only 1 DEATH)  29. CERTIFIER (Check only 1 DEATH)  29. CERTIFIER (Check only 1 DEATH)  20. CERTIFIER (Check only 1 DEATH)  21. CERTIFIER (Check only 1 DEATH)  22. CERTIFIER (Check only 1 DEATH)  23. CERTIFIER (Check only 1 DEATH)  24. CERTIFIER (Check only 1 DEATH)  25. DEATH (Check only 1 DEATH)  26. PLACE OF INJURY (Check only 1 DEATH)  26. PLACE OF INJURY (Check only 1 DEATH)  26. PLACE OF INJURY (Check only 1 DEATH)  26. PLACE OF INJURY (Check only 1 DEATH)  27. MANNER	that initiated events		d.	(OR AS A CONSE	QUENCE O	F):							9
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   Inpatient 2   ER/Outpetient 3   DOA   4   Mursing Home 5   Residence 5   Other (Specify)  28. OATE OF INJURY  28. OATE OF INJURY (Month, Day, Near)  28. PLACE OF INJURY AT   WORK?  1   Heatural 5   Pending Investigation   Simple of Investigation   Simple of Investigation   Simple of Investigation   Simple of Investigation   Simple of Investigation   Simple of Injury   Simple of Inju	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?    Completion of Confidence of Death (Check only one)	PART II. Other algnific	ant condition	ne contributing to	death but not	resulting	in the ur	nderiyin	g cause given	In Part I.			24	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO									-			+	COMPLETION OF CAUSE OF DEATH?
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural  28e. OATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY A home, farm, street, factory, office  28e. LICENSE HOW INJURY  28e. DCATION (Street end Number of Rural Route Inventory)  28e. PLACE OF INJURY A home, farm, street, factory, office  28e. PLACE OF INJURY A home, farm, street, factory, office  28e. LI	EXAMINER?  1 YES 2 NO	25. WAS CASE REFERRED	TO MEDICAL					26.0	ACE OF DEATH	(Check only one				
27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. INJURY AT WORK?  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated.  29e. Signature and Title OF CERTIFIER — 29e. LICENSE NUMBER — 29d. DATE SIGNED (Month, Day, Year) — 29e. LICENSE NUMBER — 29d. DATE SIGNED (Month, Day, Year) — 29d. DATE SIGNED (Month, Day, Year) — 29d. DATE SIGNED (Month, Day, Year) — 29d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 5 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. CERTIFIER (Check only)  28e. CERTIFIER (Check only)  28e. DEATE OF INJURY — At home, farm, street, factory, office  28e.	EXAMINER?			FR/Outpations	3 [] PO4		A:						
3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DOS 25 C  May 17, 1991  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28e. CERTIFIER (Check only 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(a) and manner as stated.	27. MANNER OF DEATH  1 Natural 5		28e. OATE OF	INJURY	25b. TIB	AE OF	28c. IN.	JURY AT			INJURY O	CCURED	
(Check only 12 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(e) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  May 17, 1991  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(a) and manner as stated.	3 Suicide 5	Could not be	28e. PLACE C building,	F INJURY — At h	ome, farm,	street, fac	tory, offic	CO .				er or Rural	Route Number,
Jews Wellies 40  D05256  May 17,1991  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		(Check only												(a) and manner as stated
Javes McLes Med D05256 May 17,1991  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month. Day. Year)	29b. SIGNATURE AND TITE	E OF CERTIFIE	ĒR				_	29c. LICENSE	NUMBER		29d. DA	TE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	7 100 40	I	eve 1	ulle	y 10				Des	256				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							. T.			V = ==== 7			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

91 11.01.0

1 - STATE REGISTRAR			C	ERTIF	ICATE O	F DEATH	R	EG. NO.	- 1	1404	)
1. DECEDENT'S NAME (First	, Middle, Last)	Catherine	117 1-11	Wouno	c		2. DATE OF	DEATH	w	3. TIME OF DEATH	4
CATHERI	NE	SCL	AVOU	NO.	2		May 1	8,199	l	10:15	AM
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 YEAR		7. DATE OF E	HTTH	8.	BIRTHPLACE (State or Fore	lgn
214-32-9452		1 🗆 M 2 🚺 F	76	YRS.	MONTHS DAYS			24,191		Vashington,	D.C
9a. FACILITY NAME (# not in						N OR LOCATION OF D	EATH	90	COUNTY	OF DEATH	
Suburban H	ospita CEDENT	1			Bethes	da			Mor	ntgomery	
10a. STATE	10b. COUNT	TY		10c, CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?	
Maryland		gomery		Ch	evy Cha	ise				1X YES 2 N	0
10e. STREET AND NUMBER						10f. ZIP CODE		10	g. CITIZE	N OF WHAT COUNTRY?	
4836 Chevy	Chase					20815			U.S.	.A.	
11. MARITAL STATUS  1 Never Merried 2 S  3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X		If yes,	Specify Cuben, Mexico ES 2 NO Specific	en, Puerto Rica		No- 14	RACE — American Indian Black, White, atc. Specify: White	
	EDENT'S EOU		16a. I	DECEDENT'S	USUAL OCCUPY work done during	ATION most of working	16b. KIN	O OF BUSINE	SS/INDUS	TRY	
Elementary/Secondary (		College (1-4 or 5		Me. Do NOT u	se retired.)						
		1	Se	creta	ry- Tre			Linen		rice	
17. FATHER'S NAME (First, A						18, MOTHER'S NA		le, Maiden Surr	name)		
	inos					Unknov					
19a. INFORMANT'S NAME ( Peter Scla		(Son)				et and Number or Rural le Ave. (				nd 20785	
20s. METHOD OF DISPOSIT		(5011)	20b PLA		E OF OISPOSITI		DATE			v or Town. State	
1 X Buriet 2 Cremati- 4 Donation 6 Other		noval from State			or other place) Cemete		5-22	Rocky	ville	e, Maryland	
21. SIGNATURE OF FUNERA	AL SERVICE L	ICENSEE	0		22. NAME	AND ADDRESS OF F	ACILITY				
Mic	has	200	20 6	m		eph Gawler Wisconsi					
23. PART I. Enter the d											le
The second secon		. List only one ceu	ise on eech ii	ne.						Interval Bet Onset and	
IMMEDIATE CAUSE (Fi disease or condition_	nei		Mus	400	N.il	· · · lann	time			uselia	Dodti
resulting in death)		e. DUE TO	OR AS A CON	SEQUENCE O	me ac	mfara	ww.			(activ)	
			/			V					
Sequentielly list condi- if any, leading to imme		DUE TO	(OR AS A CONS	SEQUENCE O	DF):						
ceuse. Enter UNDERLY CAUSE (Disease or Inju	ING	c									
that initiated eventa		DUE TO	(OR AS A CONS	SEQUENCE O	OF):	1.1					
resulting in deeth) LAS	"	d. art	erlosc	Yerdy	u lu	art desi	ase			year	
PART II. Other algnific	ant conditio	ne contributing to	deeth but no	a resulting	in the underf	ving Cause given in	Pert i. 24	a. WAS AN AU	TOPSY	24b. WERE AUTOPSY FIN	DINGS
0.440	115	J. 1.10		relu		,,		PERFORME	D?	MAILABLE PRIOR TO COMPLETION OF CA	0
- Geral	races	u una	vi je	um			— I¹	☐ YES 2 闪	NO	OF DEATH?	
										1 TYES 2 N	0
25. WAS CASE REFERRED	TO MEGACAL				-						
EXAMINER?	TO MEDICAL	HOSPITAL:	-======================================		OTHER:	. PLACE OF DEATH (C					
1 YES 2 SINO	-	1 Sinpatient 2 28s. DATE Of	-	_		iome 6 Residence			10V 000V	250	
	Pending	(Month, L	Pay, Year)	28b. Till	JURY	INJURY AT WORK?	286. DEŞCH	IBE HOW INJU	JRY OCCU	NEU	
2 Accident 3 Suicide	Investigation	28e PLACE C	F INJURY — At	home form	street, factory, o		261 LOCATIO	ON /Street and	Number or	Rural Route Number,	
4 Homicide	Could not be determined	building	atc. (Specify)		oliver, radiory, v		City or 1	own, State)	rvamos di	remainment remain,	
29a. CERTIFIER	TIFYING PHY	SICIAN: To the best or	my knowledge.	death occur	red at the time	fate and place, and du	is to the cause	a) and manna	r an etated		
Conden Only										cause(s) and menner as sta	ited.
29b. SIGNATURE AND TITL	E OF CERTIFI	EBO /				29c. LICENSE NU	JMBER	2:	9d. DATE S	BIGNED (Month, Day, Year)	_
Willred	B,	Luma	Train	4 W	9	DOOG	1467	16	<b>&gt;</b>	57 19/91	
30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAU	SE OF DEATH (	TEM 27) (Typ	e, Print)	. /2	0 /	20	,	Cul	
untired R	EH	irman h	mut,	1112	5 KOU	kulle &	Ke 1	Rock	.0011	e Md 2029	2
31. DATÉ FILED (Month, Day		32 REGISTR	ANY SIGNATUR	Danis 100	13.						
M/V 20	'91	CHURAN	wedon-	- Shorter							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 mm to the law tending physician and completely filled in by the funeral director, as a facility to be signed by the attending physician and completely filled in by the funeral director, as a facility to be sidned within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 15

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

detached for use as the burial-transit permit. Pages 1, 2, 3 should

The hospital or attending physician. AND 21215-0020

BALTIMORE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

OHMH-16 Rev 1/89

1	-	FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	10.		
	1. DECEDENT'S NAME (First, Middle, Last) RICHAR	D CARL ST	RATTON			2. DATE OF DEATH MONTH MAY 1	5 1991	YEAR	11:56 P M
Ì	4. SOCIAL SECURITY NUMBER 031-24-0841	1 ₹ M 2 □ F	56 YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAR 16	1935	Country) NEV	ACE (State or Foreign V YORK
TOR	99. FACILITY NAME (If not institution, give standard NATIONAL NAVAL MESIDENCE OF DECEDENT				ETHESDA	ATH		ONTGO	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	NCE GEORG	1-0-6	TOWN OR LOCAT					Od. INSIDE CITY LIMITS?  YES 2 NO
IERAL	100. STREET AND NUMBER 5609 54th AV			101	ZIP CODE 207	37			STATES
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 7 IF YES, GIVE WAR	YES 2 NO	If yes, sp		IIC ORIGIN? (Specify n, Puerto Rican, atc.)		14. RACE - Black, Specify:	- American Indien, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo retired.)			BUSINESS/IND	DUSTRY	
S S	12 17. FATHER'S NAME (First, Middle, Last)		1 U. S	. NAVY	18. MOTHER'S NA	DEF ME (First, Middle, Mak	ENSE	-	
BEC	PERLEY STRA	TTON				RIE WILDE			
0 B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or	Town, State, Zip	Code)	
٦	ICHITO STRATTON  20e. METHOD OF DISPOSITION 1   Burlet 2   Cremation 3   Rem.	ovel from State	20b. PLACE AND DATE	OF DISPOSITION	(Name		LOCATION -	City or Tow	n, State
	4 Donatton 5 Other (Specify)		CHAMBERS			.8/91 R	IVERDA:	LE, M	D.
	21. SIGNATURE OF FUNERAL SERVICE LIK	amlers	M00091		CHAMBER	CILITY	IVERDA:	LE. M	D. 20737
	ahock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	END ST	AGE LIVER D						Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	R AS A CONSEQUENCE OF		Ī				
ERTIF	thet initieted events reaulting in deeth) LAST	d	AS A CONSEQUENCE OF	•					
PHYSICIAN: MEDICAL (	PART II. Other significent condition	a contributing to de	eth but not resulting in	the underlyin	g ceuse given in	PER	AN AUTOPSY FORMED? S 2 NO		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 XNO
Z									
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	LACE OF DEATH (Ch	6 Other (Specify)			
BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF IN (Month, Day,	JURY 28b. TIME	OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HO	OW INJURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF ill building, etc	NJURY — At home, farm, st (Specify)	reet, factory, offic		281. LOCATION (Str City or Town, S	eet end Number tale)	r or Rural Ro	ute Number,
COMPLETED			y knowledge, death occurre						and menner as stated.
TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WI-	Low	M.1	Spirite I		(MS)	•	5-17	
	C. R. HALLIBURT  31. DATE FILED (Month, Day, Year)	ON, LT, MC	USNR			NAVAL ME MD 2088			ER
	MAY 20 '91	San Davide	S SIGNATURE						50

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be fretained to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be jnotified as DIVISION OF VITAL RECORDS, P.O. BOX 68760,

use as the burial-transit permit. Pages 1, 2, 3 should

attending physician.

BALTIMORE, MARY AND 21215-0020

+

		4 DECEMBER	4464 4									OF 55			a THE OF BEET
	1 3	1. DECEDENT'S NAME (First	, Middle, Last)								2, DATI	E OF DEATH	AY	YEAR	3. TIME OF DEATH
		MARIA		-	¥		,				May	15	19	91	12:30 P M
		4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	DAYS	HOURS	R 24 HRS.	7. DATE	th, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
		219-10-036	9	1 M 2 XF	87	YRS.	wontina	LANTE	HOURS	min.	Sept		1903		nnsylvania
should		90. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY	, TOWN	OR LOCAT	ION OF D	EATH		9c. COU	NTY OF D	EATH
2, 3 s	ECTOR	Calvert Ma		ursing H	ome		R:	isin	ig Su	n			Ced	cil	
<del>-</del> "	5	RESIDENCE OF DEC	10b. COUNT	rv.		T 400 C	TY, TOWN	00.1004	ATION						10d. INSIDE CITY
900	DIRE	Maryland	Cec				erry								LIMITS?
permit. Pages		10e. STREET AND NUMBER					CILY	_							1 X YES 2 NO
a bed	RAL							- [ "	of. ZIP COL						VHAT COUNTRY?
an. Iransit	FUNER	207 Aiken	Avenu	-					219					5.A.	
0	5	11. MARITAL STATUS  1 Never Merried 2	Married	FORCES?	NT EVER IN U.S. /	NO	13.					N? (Specify Ye Rican, etc.)	or No	14. RACE Black	— American Indian, c, White, atc.
E S	1	3 Widowed 4 Dive		IF YES, GIYE	WAR OR DATES			1 🗌 YE	S 2 X NO	) Speci	Specify Specific				White
E T	ETED		EDENT'S EDU		16a. I	DECEDENT'	S USUAL C	CCUPAT	TION	den	16	b. KIND OF BU	SINESS/IND	DUSTRY	
212 g = g	l Hi	Elementery/Secondary (		College (1-4 or 5		ite. Do NOT	use retired.)	aunng m	nost of work	ung					
	. 를	11				Secre	tary					Textil	e Mar	nufa	cturing
AND 2 the hospital detached it	at orice.	17. FATHER'S NAME (First, A	fiddle, Last)						16. MO	THER'S N	AME (First,	Middle, Maiden			
- B B	#	Albe	Albert Stephenson Helen Redmile  190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Flurel Floute Number, City or Town, State, Zip Code)												
MARY retained 5 should	TO BE	190. INFORMANT'S NAME (TyperPrint)  Martin R. Smith  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  99 Childs Road Childs, MD 21916													
M/ be ret	To Total	20s. METHOD OF DISPOSITION MAY 18, 1991 20b. PLACE OF DISPOSITION (Name of cametary cramatory or 20c. LOCATION — City of Town, S													
S may be	2	1 & Burlel 2 Cremetion 3 Removal from State other place)													wn, State
O P P P P P P P P P P P P P P P P P P P	E	1 to Standard   2   Cremation 3   Removal from State   Other (Specify)   Immaculate Conception Cemetery Cherry Hill, Mai													ll, Maryland
ALTIMO death. Page funeral dire	- Fundament	21. SIGNATURE OF FUNERA	AL SERVICE L	ICENSEE			22	NAME /	CKS H	ess of F	for	Funera	ls, 1	P.A.	
BALTIMORE, I ler death. Page 6 may be the funeral director, page	medical examiner must	1 / m		4	مطعفا	2		Boy	w and	Sto	ckto	n Stre			
# 3 E	2	Bow and Stockton Streets  Elkton MD 21921  23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate													
8 = >	E	ehock, or heart failure. List only one cause on each lina.											Onset end Deeth		
5 章 5	å	IMMEDIATE CAUSE (Final disease or condition												6 wks.	
146, uted within 27 or completely filled	event,	disease or condition resulting in death)  a. Ischemit cardiomyopathy.												O WILD.	
13146, secured within and completely burial gramma	8 7			Sover	re coron	amr :	anter	or d	1982	99					2 yrs.
13 and and	traumatic ATION	Sequentially list condi- if any, leading to imme		DUE TO	O (OR AS A CONS	EOUENCE	OF):	yu	Loca						5,720
BOX ficate be physician	<b>E E</b>	couse. Enter UNDERLY	ING	C.											
O. B. nding phy.	or other	CAUSE (Disease or injusted events	ury	DUE T	O (OR AS A CONS	EQUENCE	OF):								
S, P.O. BO he death certificate the attending physical	y, or other traumatic	resulting in death) LAS	ST	d											
		PART II. Other algolfic	ant conditio	na contributing t	o death but no	e manulelma	n in the s	ndedul	na anuna	- aluen l	n Port I	24a, WAS A	I ALITOREY	1 244	. WERE AUTOPSY FINDINGS
0 E & E	= 4			_		t resulting	y mi the u	ilderiyi	ing cause	Alaen II	i Fait I.		RMED?	240	AMILABLE PRIOR TO COMPLETION OF CAUSE
CORE signed by Health and		Possible			olon.							1 TYES	2 NO		OF DEATH?
	ğ 2	Recurren	t CHE	•											1 YES 2 NO
OF VITAL RE PHYSICIAN: The law req this certificate has been	ed, or item 23 sh PHYSICIAN: R														
VITAL	Item Sicci	25. WAS CASE REFERRED 'EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE	_	PLACE OF	DEATH (C	check only	one)			
SICIAN: The Certificate	YS Y	1 TYES 2 NO			☐ ER/Outpetient					Residence	Y	ner (Specify)			
PHYSII OF	P 6	27. MANNER OF DEATH	Pending	28e. DATE ( (Month,	Day, Year)	286. 1	IME OF NJURY	V	NJURY AT		28d. D	ESCRIBE HOW	INJURY OC	CURED	
		2 Accident	Investigation		OF INJURY — At	home form	m m		YES 2	□ NO	294.16	CATION (Street	and Mumba	e ne Orumi	Doub Alumber
ATTENDING SCTOR: After	28 IS	3 Suicide 6 Homicide	Could not be	buildin	g, etc. (Specify)	nome, ram	i, street, ra	ctory, on	1100		C/I	ly or Town, Stati	ena Numbe	r or nuran	House Number,
	E W										1		V/		
	MPL MPL	CONSULT OF MY		SICIAN: To the best											
THE HOSPITAL THE FUNERAL	TANT: If ite	2 MEI	DICAL EXAMIN	VER: On the basis of	examination and/	or investiga	tion, in my	opinion	, death occ	cured et th	ne time, de	rte and place, e	end due to t	the cause	e) end menner as stated.
물 물	· =	29b. SIGNATURE AND TITL	E OF CERTIFI	IER A					29c. LI	CENSE N	UMBER		29d. DA	TE SIGNE	(Month, Day, Year)
22	S S S	11 12 00 1/1/4/4 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10										15,1991			
	F	30. NAME AND ADDRESS (	OF PERSON W	THO COMPLETED CA	USE OF DEATH (	TEM 27) (Ty	pe, Print)								
		Wallace Ob	ensha	in.M.D.	Cecilt										
		31. DATE FOR CHOMP, DE	201	32 REGIST	POR PREMATUR										
		Mari v 1	0 1	0											

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- 1			CERTIF			n	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, La	est)				2. DATE OF D	EATH DAY	YEAR	3. TIME OF DE
	Daisy	Ula	S	loan		05	14		3:35
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	-	7. DATE OF B		8. BIRTHI Country	PLACE (State or
	220-16-0585	1 🗆 M 2 🔀 F	75 YRS.	MONTHS DAYS	HOURS MIN.	01-30			yland
	9a. FACILITY NAME (If not institution, gi	ive street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	INTY OF DE	EATH
ECTOR	Route 97 at Uni	on Mills		Westm:	inster		Ca	rrol1	
3	10a. STATE 10b. COU		10c. CI	TY, TOWN OR LOC	ATION				10d. INSIDE CIT
DIR		rroll County	7	Westmins	ster				1 TES 2
FUNERAL	10e. STREET AND NUMBER			1	of, ZIP CODE		10g. CIT		HAT COUNTRY?
ÿ	3448 Littlest				21157			U.S	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR	YES 2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Maxic ES 2 XNO Speci	an, Puarto Rican			: — American Inc. k, White, etc. fy: White
100	15. DECEDENT'S B (Specify only highest gr	EDUCATION	16a. DECEDENT	S USUAL OCCUPAT	TION	16b. KIN	D OF BUSINESS/IN	DUSTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffin. Do NOT	work done during ruse retired.)	nost or working				
MP	8		Di	etitian		Sta	te of Ma	aryla	ind
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						, Maiden Sumame)		
BE	Samuel H	arvey Reed				ma M. E			
2					t and Number or Rural		•		
	Nancy Hartwell 20a. METHOD OF DISPOSITION		20b, PLACE AND OA		errace N.	OATE	20c. LOCATION -		
	1 Donation 5 Other (Specify)	Removal from State	of cemetary, cremator	ry or other place)	town.	5/18	Marrio		
	21, SIGNATURE OF FUNERAL SERVICE	E LICENSEE 2	ML. V		AND ADDRESS OF F		Partio	LLSVI	ite, m
	· Paris	02/2	int		nt Funera				
	23. PART I. Enter the diseases,	- n. 1 ac	gice	Syke	esville,	MD 2178	34 (301	<b>) –</b> 795	1400
	disesse or condition resulting in deeth)	DUE TO (OR	AS A COMEQUENCE	99: ()	june	1		-	
TIFICATION	reculting in deeth)  Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR	AS A CONSEQUENCE	OF):	june	1		7 2	
CERTIFICATION	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (OR	AS A CONSEQUENCE	OF):	june			2	
MEDICAL CERTIFICATION	reculting in deeth)  Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	AS A CONSEQUENCE	OF):	June		WAS AN AUTOPSY PERFORMED? YES 2   NO	24b	WERE AUTOPSY AMALABLE PRIC COMPLETION O OF DEATH?
MEDICAL	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions.	b. DUE TO (OR oue TO (OR d	AS A CONSEQUENCE	OF): OF): g in the underly		_   94	PERFORMED?	24b.	AMAILABLE PRICE COMPLETION OF OF DEATH?
MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions are supported by the condition of	b	AS A CONSEQUENCE	OF):  OF):  In the underly  26.	PLACE OF DEATH (C	theck only one)	PERFORMED? YES 2   NO		AMAILABLE PRIC COMPLETION O OF DEATH? LYES 2
MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions are also case reference to MEDICAL EXAMINER?  1 X YES 2 NO	b	AS A CONSEQUENCE of the but not resulting	OF):  OF):  26.  OTHER: 4   Nursing H	PLACE OF DEATH (Come 5 - Residence	theck only one)	PERFORMED?  YES 2   NO  PERFORMED?	vehi	AMAILABLE PRIC COMPLETION O OF DEATH? LYES 2
PHYSICIAN: MEDICAL	resulting in deeth)  Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Natural 5  Pending	b. DUE TO (OR d. OUE TO (OR d. HOSPITAL: 1   Inpatient 2   EF	AS A CONSEQUENCE of the but not resulting statement in the second statement in	OF):  OF):  26.  OTHER: 4   Nursing H  IME OF   28c. [NJURY]	PLACE OF DEATH (Come 5   Residence	heck only one) 6 (XOther (Sp 28d. DESCRIII	PERFORMED?  YES 2   NO  OCITY) MOTOT  BE HOW INJURY OF	vehi	AMAILABLE PRIC COMPLETION O OF DEATH? YES 2
BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant conditions are summer aignificant conditions. The summer aignificant conditions are summer aignificant con	b	eth but not resulting  R/Outpetlant 3 □ DOA  R/Outpetlant 3 □ DOA  R/Outpetlant 3 □ DOA  R/Outpetlant 3 □ DOA  R/Outpetlant 3 □ DOA  R/Outpetlant 3 □ DOA  R/Outpetlant 3 □ DOA	OF):  26.  OTHER: 4   Nursing M.  NURY O P M 1	PLACE OF DEATH (Come 5 Residence NURY AT WORK?	heck only one)  6 Xother (Sp  28d. DESCRIP	PERFORMED?  YES 2   NO  POOR NOTOT  BE HOW INJURY OF	vehi	AMALABLE PRIC COMPLETION O OF DEATH?  YES 2  Cle acc
ED BY PHYSICIAN: MEDICAL	reculting in deeth)  Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	b	eth but not resulting  R/Outpetient 3 □ DOA  JURY 28b. Till 1991 3:0  NJURY At home, farm. (Specify)	OF):  26.  OTHER: 4   Nursing M.  NURY O P M 1	PLACE OF DEATH (Come 5 Residence NURY AT WORK?	heck only one)  6 (Xother (Sp 28d. DESCRIII Driver 28f. Locatio City or To	PERFORMED?  YES 2 NO  NOTO  NO	vehi ccured	AMALABLE PRIC COMPLETION O OF DEATH?  YES 2  Cle acc  cle imp.  Roune Number,
ED BY PHYSICIAN: MEDICAL	PART II. Other aignificant conditions	DUE TO (OR  d.  OUE TO (OR  d.  HOSPITAL: 1   Inpatient 2   EF  28a. DATE OF IND. (Month, Dex.) 05 14 1 28e. PLACE OF IND. building, etc. On Str	eth but not resulting  R/Outpetlent 3 DOA  BURY 28b. Ti Near)  1991 3:0  Specify  Ceet	26. OTHER: 4   Nursing H ME OF   28c. I NJURY   1   N, street, factory, of	PLACE OF DEATH (0) ome 5   Rasidence NJURY AT WORK? YES 2   NO	heck only one) 6 (Xother (Sp 28d. DESCRIP Driver 28f. Locatio City or To Route	PERFORMED?  VES 2 NO  VES 2 NO  PERFORMED?  VES 2 NO  VE	vehi ccure n/fru er or Rurel H	AMALABLE PRIC COMPLETION O OF DEATH?  YES 2  Cle acc  cle imp.  Roune Number,
ED BY PHYSICIAN: MEDICAL	PART II. Other aignificant conditions in waste at a condition and the course. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions in the condition and the condition are conditions. The condition are conditions in the condition and the condition are conditions and conditions are conditionally and conditions are conditionally and conditions. The condition are conditionally are conditionally and conditions are conditionally are conditional	b	eth but not resulting  R/Outpetient 3 DOA  JURY 28b. Ti  991 3:0  NJURY At home, farm  Capacity  Ceet  knowledge, death occur	26. OTHER: 4   Nursing H ME OF NURY D M 1   Nursing H street, fectory, of	PLACE OF DEATH (Come 5   Rasidence NJURY AT WORK?  YES 2   NO fice  sta and place, and do	theck only one)  6 (Xother (Sp 28d. DESCRII Driver 28f. Locatio City or To Route to the cause(s)	PERFORMED?  VES 2 NO  VES 2 NO  PERFORMED?  TO STORE AND NUMBER OF THE AUTOMACH, State)  97 at U1  and manner as st	vehiccused	Cle acce imparation of Mills
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant conditions in waste at a condition and the course. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions in the condition and the condition are conditions. The condition are conditions in the condition and the condition are conditions and conditions are conditionally and conditions are conditionally and conditions. The condition are conditionally are conditionally and conditions are conditionally are conditional	b. DUE TO (OR c. OUE TO (OR d	eth but not resulting  R/Outpetient 3 DOA  JURY 28b. Ti  991 3:0  NJURY At home, farm  Capacity  Ceet  knowledge, death occur	26. OTHER: 4   Nursing H ME OF NURY D M 1   Nursing H street, fectory, of	PLACE OF DEATH (Come 5 Residence NJURY AT WORK? YES 2 NO Hice site and place, and do, , death occured at the	heck only one)  6 [Xother (Sp 28d. DESCRII Driver 28f. Locatio City or To Route In to the cause(see time, deta and	PERFORMED?  YES 2 NO  NOTOT  BE HOW INJURY OF  IN (Street and Number, State)  97 at Ut  of place, and due to	Vehicoured	AMALABLE PRIC COMPLETION O OF DEATH?  TYPES 2  CLe acc  Ck imp: Route Number,  Mills  a) and manner as
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions are substantially selected to the condition of the condition of the central selected to the central	b. DUE TO (OR c. OUE TO (OR d	eth but not resulting  R/Outpetient 3 DOA  JURY 28b. Ti  991 3:0  NJURY At home, farm  Capacity  Ceet  knowledge, death occur	26. OTHER: 4   Nursing H ME OF NURY D M 1   Nursing H street, fectory, of	PLACE OF DEATH (Come 5   Residence NUMBER 17 WORK?  YES 2 NO Notes	heck only one)  6 Xother (Sp. 28d. DESCRIT Driver 28f. Location City or To Route at the cause(see time, data and	PERFORMED?  YES 2 NO  NOTOT BE HOW INJURY OF THE	vehicured  /fruiter or Rural in ion  inted.  Ithe cause(e	Cle ace complete ace impringues and manner and Month, Day, Yes
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions are substantially lightly li	b. DUE TO (OR c. OUE TO (OR d. Itions contributing to dec    HOSPITAL: 1   Inpatient 2   EF   28s. DATE OF INJ (Month, Day, 1)   28s. PLACE OF IND   building, etc. On str   HYSICIAN: To the best of my   MINER: On the best of axam	eth but not resulting  R/Outpetient 3 □ DOA  JURY 28b. Till 1991 3:0  NJURY — At home, farm (Specify) Cett  knowledge, death occulination and/or investigat	26. OTHER: 4   Nursing H NJURY 0, street, fectory, of	PLACE OF DEATH (Come 5   Residence NUMBER 17 WORK?  YES 2 NO Notes	heck only one)  6 (Xother (Sp. 28d. DESCRIII)  Driver 28f. LOCATIO City or To Route In to the cause(se time, data and IMBER	PERFORMED?  VES 2 NO  NOTE: NO NOTE: NO NOTE: NO (Street and Number, State)  97 at U1  and manner as at place, and dus to	vehicoured  n/fru or or Rural II  nion  ated.  the cause(a	CLE acceded to the completion of peath?  CLE acceded to the completion of the comple

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execute	and co	o pania	natic
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certifica	ding ph	ygrene	othe
ath	Tenc	E 8	9
the de	the al	тыметт	injury
s that	ned by	inth and	ашу
require	en sig	Of Hea	hows
MB	as be	ept.	23
: The	cate ha	state D	Item
CIAN	artif.	36	6
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	be filed within 72 hours after death with the State Dept. of hearth and Merital Hyglene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
QN	R. A	64	69
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	FOR 1 - STATE REGISTRAR	STATE OF M		DEPAF ERTIF					MENT	AL HYGIEN REG. NO	E	91	14850
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	TE OF DEATH		YEAR 3	TIME OF DEATH
	CATHERINE REGI	NA STEINE	KΕ						MA			91	12:50 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la:	st birthday)	IF UNDER		IF UNDER			E OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	579-32-7783	1 🗆 M 2 💢 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.		onth, Day, Year) . 6, 19	16	MAR	YLAND
- 1	9s. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF D		, .,		NTY OF DEA	
DIRECTOR	MALCOLM GROW USAF	MEDICAL (	CENTER		AN	IDREV	IS AI	FB, l	MD		PRIN	ICE GE	CORGES
Ä I	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10	Dd. INSIDE CITY LIMITS?
8	MARYLAND ST.	MARY 'S			CAL	IFOR	NIA					1	YES 2 NO
A	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	ZEN OF WH	AT COUNTRY?
EB	159 BARRINGER DE	RIVE					2	0619	)			U.S.A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT								GIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
	1 Never Married 2 1 Married	FORCES? 1	YES 2X	NO			2 X NO			lo Rican, etc.)		Specify:	
B	3 Widowed 4 Divorced						- 10		,				ITE
	15. DECEDENT'S EDUC (Specify only highest grade		16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON et of worki	0.0	- 14	66. KIND OF BU	SINESS/IN	DUSTRY	
ᄪ	Elamentary/Secondary (0-12)	College (1-4 or 5+	- Itte	. Do NOT L	se retired.)	during ino	at or works	''W					
린	12		H	IOMEM	AKER								V-7-1
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	AME (Firs	t, Middle, Melden	Surname)		
	PETER ALFONSO DO	RSEY					MA	RY E	LIZ	ABETH L	ANGL	EY	Village and the second
BE	19a. INFORMANT'S NAME (Type/Print)		15	b. MAILIN	ADDRES	S (Street a	nd Numbe	r or Rural	Route No	umber, City or Tow	n, State, Zij	Code)	
2	OSCAR STEINKE, J	IR.	1	59 B	ARRI	NGER	DRI	VE.	CAL	IFORNIA	. MA	RYLAN	D 20619
- 1	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO								City or Town	
	1 Burial 2 Commention 3 Remo	ovel from State	other p	ITT C	REMA	TORY				WA	LDOR	F. MAI	RYLAND
	21. SKINGTON OF FUNERAL SERVICE LIG	ergues V	/ //		22.	NAME A	ID ADDRE	SS OF FA	CILITY				
	Edward N. E	more	Ly	ij						AL HOME ONARDIC			AND 20650
	23. PART I. Enter the diseases, or c shock, or heart feilure. I	omplications that	cause tha d	eath. Do	not ante	r the mo	de of dy	ing, suc	ch aa c	ardiac or reap	iratory ar	reat,	Approximata
	IMMEDIATE CAUSE (Final	List only ona cau	se on each lin	е.									Interval Between Onset and Daath
1	disease or condition resulting in death)	PNEUMO	ONIA										19 DAYS
	resulting in death)	DUE TO	OR AS A CONSE	OUENCE	F):								
z		COR PI	JLMONAL	E									tt
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE (	P):								
3	cause. Enter UNDERLYING CAUSE (Disease or Injury		STIVE H			URE							ti
드	that initiated events	DUE TO	OR AS A CONSE	OUENCE	P):								
ᇤᅵ	resulting in death) LAST	1											
	PART II. Other algnificant condition	a contributing to	death but not	requities	In the	nderlyle	n cause	alven I-	Dart I	24a. WAS AN	Almoev	245. 4	VERE AUTOPSY FINDINGS
M	PATT II. Ottos algrinicani condition	a contributing to	death but not	readiting	III the u	ilueriyiii	g cause	Given in	rait i.	PERFO		A	WAILABLE PRIOR TO COMPLETION OF CAUSE
ă									_	1 TYES	NO NO		OF DEATH?
×												1	YES 2 NO
PHYSICIAN: MEDICA													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only	r one)			
YSI	1 TYES 2 NO	1 X Inpatient 2		_	4 🗆 Nu		10 8 🗆 R	asidence	6 🗆 O	ther (Specify)			
표	27. MANNER OF DEATH  1 X Natural 6 Pending	28a. DATE OF (Month, De	INJURY by, Ybar)	28b, TI	WE OF	26c. INJ WC	URY AT ORK?		26d. 1	DESCRIBE HOW	INJURY OC	CURED	
BY	1 \( \sum \) Natural 6 \( \sum \) Pending 2 \( \sum \) Accident Investigation				М	1 🔲	YES 2	NO	_				
	3 Suicide 6 Could not be		F INJURY — At h etc. (Specify)	ome, farm,	street, fac	ctory, offic				OCATION (Street City or Town, State		r or Rural Ro	ute Number,
ETE	4 Homicide detarmined												
COMPLET	29a. CERTIFIER 1 K CERTIFYING PHYSI	CIAN: To the best of	my knowledge, d	leath occur	red at the	time, data	and place	e, and du	a to the	cause(s) and ma	nner se str	ited.	
NO	one) 2 MEDICAL EXAMINE	R: On the basis of a	camination and/or	rinvestiget	lon, in my	opinion, d	leath occu	ured at th	e time, d	lats and place, a	nd dus to t	he cause(a)	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		<b>DENIES</b>				29c. LIC	ENSE NU	IMBER		29d. DA	TE SIGNED (	Month, Day, Year)
B	OB and loth.		. BENEDE	:111									7
2	30. NAME AND ADDRESS OF PERSON WH		SAF MC	EM.271.Che	e Arint)	2010	0.07.1				-	may 9	77
	30. NAME AND ADDRESS OF PERSON WH									SAF MEI			ER
	31. DATE FILED (Month. Day. Year)	Maicoin 32 REGISTRA	R'S SIGNATURE	ed. Ci	r	ANDI	REWS	AFR	MT	20331	-5300	)	
	MAY 2 1 91	Julia Da	R'S SIGNATURE	navac									
		r.											

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	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIENI REG. NO.	91	14851
	1. DECEDENT'S NAME (First, Middle, Last) Minnie	Erma	Single	9		2. DATE OF DEATH DAY MONTH DAY	1991	3. TIME OF DEATH  2:58 PM M
	220-26-2998	5. SEX 1 M 2 F 6. AGE (In yrs.	last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-/5-/6	8. BIRT Coun	and.
TOR	9e. FACILITY NAME (If not institution, give atre  Memorial Hosp: RESIDENCE OF DECEDENT		.91	Eastor	LOCATION OF DE	EATH	9c. COUNTY OF I	
DIRECTOR	10a. STATE 10b. COUNTY	A	10c. CITY, T	CONTRACTOR	Revil	P		10d. INSIDE CITY LIMITS? 1 XES 2 NO
FUNERAL	100. STREET AND NUMBER	SPAINAND TO	Weck	10f.	2161	7	10g. CITIZEN OF	WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	if yes, spec	NOENT OF HISPAI Hy Cuben, Mexica NO Specif	VIC ORIGIN? (Specify Yes in, Puarto Rican, etc.) y:	or No— 14. RAC Blee Spe	E - American Indian, ck, White, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		ilfe. Do NOT use n	k done during mos: etired.)	of working	16b. KIND OF BUS	INESS/INDUSTRY	m(Ci)
	17. FATHER'S NAME (First, Middle, Lest)	et Robe	1	stic 8	18. MOTHER'S NA	ME (First, Middle, Melden	Syrname)	45
TO BE	19a. INFORMANT'S NAME (Type/Print)	Thomas	19b. MAILING AC	1		Route Number, City or Town	1, State, Zip Code)	1. m-1 2141
	20e METHOD OF DISPOSITION Burlel 2 Cremeilon 3 Remort	val from State of carnet	CE ANO DATE O	F DISPOSITION (	Name	OATE 20c. LO	CATION - CHY OF T	Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE OF ST	ks	22. NAME AN	ADDRESS OF FA	GUTY FUNERA	Hone	mo/21/10
	23. PART I. Enter the diseases, or conshock, or heart failure. L.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cause on sech i	FAIL			h aa cardiac or reapi	ratory arrest,	Approximate interval Between Onset and Death 3
CERTIFICATION	Sequantially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON						
L CERT	PART II. Other aignificent conditions	contributing to death but n	ot resulting in	the underlying	ceuse given in	Part I. 24e, WAS AN	AUTOPSV 24	Ib. WERE AUTOPSY FINDINGS
<b>*</b>						PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  Yes 2 NO
IAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				NCE OF DEATH (C)	neck only one)		
PHYSICIAN: MEDIC	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Outpatien  26a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJU	RY AT	6 Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCURED	dei)
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	1 home, farm, stre		ES 2 NO	281. LOCATION (Street City or Town, State)	and Number or Rura	I Route Number,
COMPLETED	cool -	CIAN: To the best of my knowledge						r(a) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	you It	D		DOO		29d. DATE SIGNE	ED (Month, Day, Year)
F	30, NAME AND ADDRESS OF PERSON WHO		(ITEM 27) (Type, P	For	tou	1 Rd 1	2160	
	MAY 21 '91	32. REGISTRAR'S SIGNATUR	- Bindall					

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DHMH-16 Rev 1/89

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2	TE	E st	28
DIVISION OF VINE RECORDS, F.O. DON 18149,	TO THE HOSPITAL OR ATTENDING PHYSICIANS: The law requires that the death certificate be executed within 24 yours after death. Page 6 in the manner of the bos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pre-5 shows the detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examining must be notified at once.
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REGISTRAR		CENTI	FICALE	OF DEATH		REG. NO.		
RALPH GODFREY	TUTTLE				MAY	13,	YEAR 1991	9:25 P
4. SOCIAL SECURITY NUMBER 536–16–0517	5. SEX 6.	78 YRS.	MONTHS			0F BIRTH h, Dey, Year) 1, 1912	Countr	PLACE (State or Foreign s) Shington
96. FACILITY NAME (If not institution, give st 15101 Interlocker		1004		ver Sprin	OF DEATH	9c. C	ontgor	EATH
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	,	10c. (	STY, TOWN OF	LOCATION				10d. INSIDE CITY
Maryland Mont	gomery			Spring		Too.		LIMITS? 1 YES 2 NO
15101 Interlocker	Drive, #	1004		20906				States
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 XNO	er	INS DECENDENT OF H yea, specify Cuban, M  TES 2 XNO 5	exican, Puerto		- 14. RACI Black Spec	- American Indian, c, White, etc. White
15. OECEOENT'S EDU- (Specify only highest grade		16a. DECEQENT	of work done d	CUPATION uring most of working	168	. KINO OF BUSINESS	/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)			Analyst		Federal G	overn	nent
17. FATHER'S NAME (First, Middle, Last)						Middle, Maiden Surnam		
John Fremont	Tuttle			Mae		(Unavaila	,	
19a. INFORMANT'S NAME (Type/Print) Rand W. Tuttle (	(Son)			(Street and Number or I				17
	(2011)			y Ridge W	- /			
20a. METHOD OF DISPOSITION 1	oval from State	other pleast		an Cremat		Silve		
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE OLI	M00827	Ra	pp Funera 3 Gist Av	l Servi			20910
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (O	ATIC ADE  R AS A CONSEQUENCE  R AS A CONSEQUENCE	OF):					
resulting in deeth) LAST	d							
PART II. Other significent condition	es contributing to d	eath but not resulting	ng in the un	derlying cause give	on in Part i.	24a. WAS AN AUTOF PERFORMED? 1 YES 2 X NO		WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEAT	H // heck only o	nel		
EXAMINER?	HOSPITAL:	ER/Outpatient 3 DO/	OTHER					
27. MANNER OF DEATH  1 Natural 8 Pending	26a. DATE OF IN (Month, Day)	JURY 28b.	TIME OF INJURY	28c. INJURY AT WORK?	28d. OE	SCRIBE HOW INJURY	OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At home, fan c. (Specify)	m, street, facto		28f. LO	CATION (Street and Nur or Town, State)	mber or Rural	Route Number,
29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYS								s) and manner as state
29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENS	E NUMBER	29d.	DATE SIGNE	(Month, Day, Year)
William H Sil	verma.	m		D2	1985	•	May 1	14, 1991
30. NAME AND ADDRESS OF PERSON WE William H. Silve	O COMPLETED CAUSE	OF DEATH (ITEM 27) (7		Executive	Blvd.	Rockvill	e. MD	20852
31. DATE FILED (Month, Day, Year)	32. REGISTRAR						- 7	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the THE FUNESAL OHECTOR. After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at our

10+1

REGISTRAR			(	ERTIF	ICATI	E OF	DEA	TH	REG. NO	),		
1. DECEDENT'S NAME (First		Tarrant							2. DATE OF DEATH MONTH E	199	YEAP	3. TIME OF DEATH
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (in yrs.	Inat blotholms	IF UNDER	A VEAD	IF UNDER	94 MB0	7. DATE OF BIRTH	19:		PLACE (State or Foreign
135-26-023		1 M 2 □ F	93	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Dey, Year) Dec. 11, 1	897	Country	
9a. FACILITY NAME (# not	institution, give atre	eet and number)			9b. CITY	r, TOWN C	OR LOCATI	ON OF O			NTY OF O	
Suburban	Hospita	al			I	Beth	esda			Me	ontgo	mery
10a. STATE	10b. COUNTY			10c, CIT	ry, town	OR LOCAT	TION					10d. INSIDE CITY
Maryland	Mon	tgomery			Beth	nesda	a					LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	R					101	. ZIP COD	E		10g. CIT	IZEN OF W	HAT COUNTRY?
7801 Hampo							208	314		Uı	nited	States
11. MARITAL STATUS		12. WAS DECEDEN'T FORCES? 1	EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	OF HISPA	NIC ORIGIN? (Specify Years, Puerto Rican, atc.)	a or No—	14. RACE Black	— American Indian, , White, etc.
1 Never Married 2 3 Widowed 4 Dh	Z married	IF YES, GIVE W					2 (X NO				Speci	
	CEDENT'S EDUC			DECEOENT'S				na	16b. KINO OF BI	JSINESS/IN	DUSTRY	
Elementary/Secondary		College (1-4 or 8 +	)	life. Do NOT u	ise retired.)					ed St		
17. FATHER'S NAME (First,	Micidle Last)	5+		Atto	orney	7	18. MOT	HER'S NA	GOVE	rnmel	1t	
Malachi	Tarra	ant					CSTITION	lele				
19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING	G ADDRES	S (Street			Route Number, City or To		ip Code)	
Mary P. Tan	rant			7801	Hamp	oden	Lane	e, Be	ethesda, M	aryla	and	20814
20a. METHOD OF DISPOS				CE AND DAT			(Name		5/20 20c. L	OCATION -	- City or To	wn, Stata
1 Donation 5 XOth			of cemete Gate	of H	eave	n Ma			91    Sil	ver S	Sprin	q, Maryland
21. SIGNATURE OF FUNER	Cama		MOO38		22 F	NAME A Robel Bethe	no ADDRE Ct A.	Pur Chev	mphrey Fun y Chase, esda, Mary	eral Inc.	Home 755	/ 7 Wisconsi 14-3501
IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL	itiona, indicate	DUE TO	President AS A CONTRACTOR AS A	SEQUENCE O	elu	L						Onset and De
CAUSE (Disease or in that initiated events resulting in death) LA	jury 5 °	DUE TO	(OR AS A CON	REQUENCE O	H):	_	De-					George
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	ne	Toy o	yea	carr				1
PART ii. Other algolfi	cant conditions	s contributing to	death but no	ot reauiting	In the u	inderlyir	ng cause	given in		IN AUTOPS' DRMED?	246	awalable prior to Completion of Cause of Death?
25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF	OEATH (C	heck only one)			_
EXAMINER?		HOSPITAL:	ER/Outpetland	2 □ DOA	OTHE		- 5 D B	anddone.	6 ☐ Other (Specify)			( )
27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY	26b. Ti	1	28c. IN	JURY AT	(BERGOTIC)	28d. DESCRIBE HOW	INJURY O	CCURED	0.25
1 Netural 5 2 Accident	Pending Investigation	A1 - M 105 0	AT IN II ITAL		M		YES 2	□ NO	And 1 000 Tight (0)			Day to Minet
3 Suicide 6	Could not be determined		of Injury — Al etc. (Specify)	r nome, rarm,	, street, ta	ctory, om	ca		281. LOCATION (Stree City or Town, Ste		er or murai	Houte Number,
(Critick Orly)									e time, data and place,			e) and menner as stated
29b. SIGNATURE AND TIT	LE OF CERTIFIER	000					29c. LIC	CENSE NU	JMBER	29d. 0/	ATE SIGNE	D (Month, Day, Year)
Le	eris h	Caller	e ful	)			0	05a	756	•	5/1	7/91
30. NAME AND ADDRESS	OF PERSON WHO	COMPLETED CAU	SE OF DEATH (	TEM 27) (Tyr	ce, Print)	DAVE.			THESDA	MO	208	214
31. DATE FILEO (Month, De	sy, Year)		AR'S SIGNATUR									-
MAY 20'	'91	o, Da	4dson-A	andell.								

Prop. 1, 2, 3 should

IRECTOR

10e. STATE

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) JOHN

9e. FACILITY NAME (If not institution, give street and number)

10b. COUNTY

HOLY CROSS HOSPITAL

4. SOCIAL SECURITY NUMBER

579-12-0685

31. DATE FILED (Month, Day, Year)

MAY 1 7 1991

1 -

	MARYLAND MONTGO	MERY		2TT/	EK S	PKING		
A	10e. STREET AND NUMBER				101	ZIP CODE		
ER	14564 KELMSCOT DRIV	E				2090	06	
BY FUNERAL		WAS DECEDENT EVER IN FORCES? 1 YES F YES, GIVE WAR OR DA			If yes, spe	ENDENT OF HISPAN poilty Cuben, Mexice 2XXNO Specify	n, Puerto Rica	
8	15. DECEDENT'S EDUCATIO		16a. DECEDEN	T'S USUAL O	CCUPATIO	N .	16b. KII	ND OF BU
	(Specify only highest grade complete (Specify only highest grade complete (Specify Only 12) Col	llege (1-4 or 5+)		of work done of use retired.) URANT				
COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Midd	lle, Maider
BE C	JOSEPH TOKAR					ANNA	HUMEN	IK
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRES	S (Street a	nd Number or Rural i	Route Number,	City or Tox
F	MARTHA SQUITERO	(SISTER)	1121	NORTH	I BEI	LGRADE RO	DAD S	ILVE
	20s. METHOD OF DISPOSITION  1	rom State of	cemetary, crema	tory or other	place)		5/18	SIL
	21. BIGHATURE OF FUNDRAL BETWICE LICENSE	:50		F	RANC	IS J. CO	LLINS	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	for CONSEQUENCE MA 4	Chres E OF):	no	na Pane	rag	
MEDICAL	PART II. Other algnificant conditions co	ntributing to death b	out not result	ing in the u	ndarlyin	g ceuse given in		PERFO
SICIAN:		OSPITAL:	antiant 2 1 80	OTHE	A:	ACE OF DEATH (C)		M.1
D BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spe	28b.	TIME OF INJURY M	28c. IN. WC	YES 2 NO	28d. DESCR	NBE HOW
BY	2 Accident Investigation	28e. PLACE OF INJURY building, atc. (Spe To the best of my known in the basic of examination	7 — Al home, fa	M street, fac	1 🗆	YES 2 NO	28f. LOCATE City or	ON (S Town,

32. REGISTRAR'S SIGNATURE

5. SEX

1 M 2 | F

STATE OF MARYI			T OF HEALTH AND	MENTA	L HYGIENE REG. NO.	91	14854
FRANCIS	-	TOKA	R	MONT	of DEATH DAY	YEAR	3. TIME OF DEATH 9:30 P M
ПиоПе	(in yrs. lest t	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF D	7. DATE (Mont	of BIRTH th, Day, Year) .26,1913	Coun	NSYLVANIA
CAL	I	S 10c. CITY, TOWN	ILVER SPRING OR LOCATION			MONTG	OMERY  10d. INSIDE CITY LIMITS?
OMERY IVE		SIL	VER SPRING  101. ZIP CODE  209	06	1		1 TYES 2 NO WHAT COUNTRY?
12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	ED 13	I. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES WANO Specifi	n, Puerto		Spe	E — Americen Indian, ck, White, atc. city: HITE
TION impleted) College (1-4 or 5+)	(Give	EDENT'S USUAL  So kind of work done  Oo NOT use retired.  TAURANT	OWNER		b. KIND OF BUSIN		
	196.	MAILING ADDRE	16. MOTHER'S NA ANNA SS (Street and Number or Rural	HUM			
al from State	Ob. PLACE A	NO OATE OF OIS crematory or other F HEAVE	H BELGRADE R  POSITION (Name rplace) N CEMETERY RANCIS J. CO OO UNIVERSIT	5/	TE 200. LOCAT 18 SILVE S FUNERA	ER SPRI AL HOME	NG, MARYLAND, INC.
A Cidose	A CONSECU	Mache Junce of:  Case of:	blood Comma Pam	ch as car	rdiac or respirat		Approximate interval Between Onset and Death  34/2/2  30/2/2  3 months
			undarlying cause given in	Part I.	24a, WAS AN AL	TTOPSY 24	b. WERE AUTOPSY FINDINGS
					PERFORMI	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
HOSPITAL:		ОТН		-			_
28e. DATE OF INJURY (Month, Day, Year)	,	28b. TIME OF INJURY	28c, INJURY AT WORK?  1 YES 2 NO		ner (Specify) EŞCRIBE HÖW INJ	URY OCCURED	
28e. PLACE OF INJUI building, atc. (So	RY — Al hom	ne, farm, street, f			CATION (Street and y or Town, State)	f Number or Rura	Route Number,
			e time, date end place, end du y opinion, death occured at th				(e) and menner ee stated.

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year) 15/16/91

FOR STATE REGISTRAR		STATE OF MA					EALTH AN DEATH	D MEN	TAL HYGIEI		21	14855
1. DECEDENT'S NAME (First, JOSEPH 1		THOMPSON							ATE OF DEATH	°¶991	YEAR	3. TIME OF DEATH 10; 5888 <sub>M</sub>
4. SOCIAL SECURITY NUMBER	ER	6. SEX 6.	AGE (In yrs. la	st birthday)	# UNDER		IF UNDER 24 HF		ATE OF BIRTH Month, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
216-22-4516		1 🕅 M 2 🗆 F	65	YRS.	MONTHS	DAYS	HOURS MI		CT. 30		MAI	RYLAND
St. Mary's							dtown	F DEATH			Mary Mary	
RESIDENCE OF DEC				I is an								
MARYTIAND	ST. N	MARY'S COU	NTY	1000	y, town o HOLLY							10d. INSIDE CITY LIMITS? 1 YES 2 NO
P.O. BOX 34	8					101.	20636				J.S.A	WHAT COUNTRY?
11. MARITAL STATUS	0	12. WAS DECEDENT E	VER IN U.S. A	RMED			ENDENT OF HIS	SPANIC OF	RIGIN? (Specify Y	-	14, RAC	E — American Indian,
1 Never Merried 2 1 3 Wildowed 5 Divor		FORCES? 1	OR DATES	NO			cify Cuben, Me 2 XNO S		erto Rican, etc.)		Spec	k, White, etc. My: VHITE
15. DECE	EDENT'S EDU	CATION		ECEDENT'S					16b. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (0-6TH. GRADE		College (1-4 or 8+)	un	ECTRI	se retired.)		it or working		U.S.	COVE	ישאואס	יודין
17. FATHER'S NAME (First, Mile	iddle, Last)		15)1	EC III	CLAI		18. MOTHER'S	S NAME (F	irst, Middle, Maide		(INVICT	NJ.
JOSEPH HENR		IPSON		a. 1444 046					V. DOWN		0.41	
		T										
LELIA S. THO				E AND DAT					DATE 20c. L	OCATION -		num State
1 Buriel 2 Cremation 4 Donation 6 DOther	n 3 🗆 Rem	oval from State	of cemetar	v crematory	or other o	lace)		1	3/91 LF			•
21. SIGNATURE OF FUNERAL		CENSEE /	CIMIC		22.	NAME AN	D ADDRESS O	F FACILITY	*			
Micha	elz	Hardi	nec						RDINER I LEONARI			OME, P.A. 20650
IMMEDIATE CAUSE (Fin	eart failure.	complications that of List only one couse			not anter	the mo	de of dying,	auch sa	cardiac or rea	piratory a	rrest,	Approximate Interval Between Onast and Daeth
disease or condition resulting in death)	<b>→</b>	(DUE TO 10	R AS A CONSI	EQUENCE O		X	ist !	14	ance	LOV		N
Sequentially list conditi if any, leading to immed	diate	b. OUE TO (O	R AS A CONSE	AU O	7/1	u	ey_	1	E.			years
cause. Enter UNDERLYI CAUSE (Disease or Inju- that initiated events	ry 1	c. DUE TO (O	R AS A CONS	EQUENCE O	e);		V					
resulting in deeth) LAS		d		J								
PART II. Other significe	nt condition	a contributing to de	eth but not	resulting	In the un	deriyin	g cause give	n In Part		AN AUTOPSY ORMED?	240	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	_											1 TES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF DEATH	H (Check or	nly one)			
1 YES 2 NO		HOSPITAL:	R/Outpatient	3 DOA	OTHER		e 6 🗆 Reside	nce 6 🗆	Other (Specify)			
27. MANNER OF DEATH		28a. DATE OF IN		28b. TIN		28c. INJ WO		_	. DESCRIBE HOW	V INJURY O	CCURED	
	Pending Investigation	(Month, Day,			М	1 🗆 '	ES 2 NO	_				
	Could not be determined	28a. PLACE OF building, at	njury At I c. (Specify)	nome, farm,	street, fact	lory, offic		261.	City or Town, Sta	et and Numbi te)	er or Rurel	Route Number,
Total Control of the		ICIAN: To the best of m										
296. SIGNATURE AND TITLE		40	Timetion and/o	r investigati	on, in my o	opinion, d	eath occured a	-				(e) end manner ee stated.  D (Month, Day, Year)
100	me	Haluc	RA	NOE	M		D	06	419	•	5-	21-91
Patrick J		M.D. Leon	/		n(-Print)	-			1			. ,

BALTIMORE, MARYLAND 2121 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or in THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use hilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAY22'91

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

	A.
BALTIMORE, MARYLAND 22031-3146ours after death. Page 6 may be reduced by as happing physical in by the funeral director, page 5 should be death. To up as the burish	in, or removal.  • medical examiner must be notified
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Jours after death. Page 6 may be midwed by the steriding physician and completely filled in by the funeral director, after this certificate has been signed by the attending physician and completely filled in by the funeral director, after this certificate has been signed by the attending physician and completely filled in by the funeral director and attending physician and completely filled in by the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.  ***********************************

31. DATE FILED (Month, Day, Year)

32, REGISTRAR'S SIGNATURE
Julia Javidson-Randell

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR RTIF	RTMENT	0F H OF	EALTH DEAT	AND I	MENTA	. HYGIENI REG. NO.	9	1	14	856	
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE	OF DEATH	Y	YEAR		OF DEATH	
	Annie Tildon													ox 10	-
	4. SOCIAL SECURITY NUMBER 216-18-7284	5. SEX 1  M 2 XXF	6. AGE (In yrs. lest	YRS.	IF UNDER 1	YEAR DAYS	# UNDER	24 HRS. MIN.		18-190	0	8. BIRT Coun	HPLACE (S	State or Foreign	1
	9s. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, 1	OWN O	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF	DEATH		П
OR	320 Market St.				Havr	e d	le Gr	ace,			На	rfo	rd		
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT			40. 017	Y, TOWN OR	1004	101						Land die	SIDE CITY	
H		ford			vre d								LIN	AITS?	
	10a. STREET AND NUMBER	TOTU		Па	vie u	_	. ZIP CODE				100 CIT	TEN OF	WHAT CO	ES 2 NO	_
FUNERAL							21078				10g. CI1			MINT	
분	320 Market St.	12. WAS DECEDEN	T EVED IN U.S. AD	AAED	T 40 W				UA ABIAN	0.40	11-	USF		dana tandina	_
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 X N	ID .	16	yes, sp	ecity Cube		n, Puerto I	? (Specify Yes Rican, etc.)	or No-	Blac	ck, White,	ack	
	16. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OCC	LUPATIO	ON		16b	. KIND OF BUS	INESS/IN	DUSTRY		uon	_
BE COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 a	(GI	ive kind of Do NOT u	work done du	ring mo	at of workin	9							
F	7	Conege (1-4 or 5 4		hous	ewife										
OM	17. FATHER'S NAME (First, Middle, Lest)			nous	CWIIC		18. MOTH	IER'S NA	ME (First, I	Aiddle, Malden	Surname)				_
0	William Taylor	****					Sus	an H	opki	ns					
	19a. INFORMANT'S NAME (Type/Print)	INTERNAL PROPERTY.	190	b. MAILING	ADDRESS (	Street a				ber, City or Town	n, State, Zi	p Code)			_
9	Taylor Tildon		3	20 M	arket	St	Hay	vre	de G	race.	MD 2	1078	3		
	20e. METHOD OF DISPOSITION 1 Buriel 2/A) Cremetion 3 Region		20b. PLACE	OF DISPO	SITION /Nam				ac a				Town, State		
	4 Donation 1 Other (Specify)	ovel from State	Gre	epmo	unt					Ba1	timo	re,	MD		
	21. SIGNATURE OF FUNERAL SERVICE U	D. le	1							ral Se e de G			)	4	
	23. PART I. Enter the diseases, or ahock, or heart fallure.	complications the	t caused the de	ath. Do									A	pproximata	een
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Gu	Ad		Teak	en	lso	Of	- K	the	1		0	nset and De	ath
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	OR AS A CONSEC	QUENCE O		•		0	10	l					
PHYSICIAN: MEDICAL	PART II. Other algnificent condition	na contributing to	deeth but not r	resulting	In the und	lerlyin	g ceuse (	given in	Part I.	24s. WAS AN PERFOR	RMED?	24	COMPLE OF DEA	UTOPSY FINDINGLE PRIOR TO ETION OF CAUSTH?	
A	25. WAS CASE REFERRED TO MEDICAL					28 PI	LACE OF D	EATH /Cr	neck only o	nel	-				_
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DO4	OTHER	:									_
H	27. MANNER OF DEATH	26a. DATE OF		26b. Til	4 Nursi		URY AT	esidence		SCRIBE HOW I	NJURY O	CURED			
	1 Natural 5 Pending	(Month, E	Day, Year)	IN	JURY M	WC	ORK? YES 2	NO							
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE C building,	OF INJURY — At he etc. (Specify)	ome, ferm,	street, facto					CATION (Street or Town, State)		or or Rum	l Route Nur	nber,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS												gja) and m	agner as state	d
BE	296. SIGNATURE AND TITLE OF CERTIFIE	H	ee	M	0		29c LIC	ENSE NU	MBER /	6/	29d. DA	TE SIGNE	D gargen	1	1
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	SE OF DEATH ATE	M 270 /5m	(Ordere)		-		11		-	1	1	01	-

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be entired by the hospital than the property of the pr	ptache	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
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R ATTENDING PHYSICIAN: The law requires that the death cer	has	n 23
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SICIA	certif	0
PR	this	rked
DING	After	E III
TENC	OR:	00
R AT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first study within 29 hours after death with the State Deat of Health and Mental Hybriene prior to burial, cremation, or removal.	E S
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ä	2709 1 - STATE REGISTRAR		STATE OF I	MARYLAND C		RTMENT				MENTA	L HYGIEN	_	91	14857
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATN
	PHARES	В.				WITME	'R			05	20		91	3 · 24 P M
	4. SOCIAL SECURITY NUME 159-05-9300	ER	5. SEX 1	8. AGE (In yrs. I	ast birthday) 1 YRS.	IF UNDER 1		IF UNDER	MIN.	7. DATE	OF BIRTH h, Day, Year) -1920		8. BIRTH	PLACE (State or Foreign
	Se. FACILITY NAME (If not in	stitution, give a	treet and number)			9b. CITY, 1	TOWN (	R LOCATI	ION OF DE			9c. COU	NTY OF DE	-
DIRECTOR	WASHINGTON RESIDENCE OF DEC	COUNT	Y HOSPIT	AI.		Н	LAGE	RSTC	NW			WAS	HING'	TON
S	10a. STATE	10b. COUNT			10c. CI	TY, TOWN OR	LOCAT	TION						10d. INSIDE CITY
듬	PA	Fran	klin		G	reencas	stle							LIMITS?
	10e. STREET AND NUMBER					-	101	. ZIP COD	E			10g. CIT	ZEN OF W	HAT COUNTRY?
E	228 Rowe Ave.							17	225			U	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Divo		12. WAS DECEDED FORCES?  F YES, GIVE V	Y VEG 9	ARMED NO	11	yes, sp	ecify Cubi		n, Puerto	N? (Specify Ye Rican, etc.)	a or No—	14. RACE Black Specifi	— American Indian, White, etc.
	15. DEC	EDENT'S EDU	CATION COMPOSITION	16a. I	DECEDENT'S	S USUAL OCC	CUPATIO	ON of work	lna.	16	. KIND OF BU	SINESS/IND	DUSTRY	
ᄪ	Elementary/Secondary (C		College (1-4 or 8	+)		work done du use retired.)			Try .					
MP	8				Freigh	t cond	ucto	r			Railroa	d		
COMPLETED	17, FATHER'S NAME (First, M										Middle, Maider	Surname)		
86	John Les		mer								smith			
2	Pearl I. Wit					we Ave					17225	vn, State, Zij	Code)	
				201 201		TE OF DISPO	_		castr	<del></del>		CATION —	Ott T	04.4
	20a. METHOD OF DISPOSIT  1 Buriet 2 Crematic  4 Donation 5 Other	on 3 🗆 Rem	noval from State			Cemet		(Name		5/2		eencas		
*	21. SIGNATURE OF FUNERA		Census	Robert		22. N	AME A	. Bal	ess of FA	CILITY		iller-	May F	uneral Home
CERTIFICATION	23. PART I. Enter the d shock, or h iMMEDIATE CAUSE (Fid disease or condition resulting in death)  Sequentielly list condit if any, leeding to immer cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	eert feilurg/	B. DUE TO	use on eech ii	NJUR BEQUENCE	Q / E S OF):								interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significa	ent conditio	ns contributing to	o deeth but no	t resulting	j in the und	derlyin	g ceuse	given in	Part I.		RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED 1	O MEDICAL			_		28 D	LACE OF	DEATN (C/	hack only	l one)			
SICI	EXAMINER?		HOSPITAL:	X ER/Outpations	a 🗆 noa	OTHER 4 Number	:				er (Specify)			
НУ	27, MANNER OF DEATN		28a. DATE O	F INJURY	28b. TI	ME OF	28c. IN	JURY AT			SCRIBE HOW	INJURY OC	CURED	
		Pending	0.5	20 199		15P M	1	ORK?	X NO	DRI	VER I	N AUT	O AC	CIDENT
TED BY	2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be determined	28e. PLACE	OF INJURY — At I, atc. (Specify)		, street, facto	ry, offic	i i		28f. LO	CATION (Street y or Town, State	end Numbe		
COMPLETED	Torioun orny		SICIAN: To the best of											a) and menner as stated.
BE C	296. SIGNATURE AND TITL	E OF CERTIFIE	ER,					29c. LIC	CENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
	Nonald	XX	Jught N	17)					OCM	Œ		▶05		21 1991
7	DONALO G			Contract of the Contract of th	TEM 27) (7)/		1 F	ENN	STRE	ЕЕТ	BALTT	MORE	MAR	YLAND 21201
	31. DATE FILED (Month, Day,	Year)	32 REGISTA	ar's signaturi	andelle							,		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

	1. DECEDENT'S NAME (First, Middle, Last)  META  W	IALKEI	R			Y		2. DATE OF I	DEATH DAY	19 4	3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER 1 YE		IF UNDER 24 HRS.	7. DATE OF B		8. B	IRTHPLACE (State or Fountry)
	059-28-5248	1 🗆 M 2 💢 F	91	YRS.	MONTHS DA	178	HOUHA WIN.				llinois
OR	90. FACILITY NAME (If not institution, give St. Agnes I						R LOCATION OF DEA	DEATH DC. COUNTY OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUN	пү		10c. CIT	Y, TOWN OR L	OCATIO	ON		10d. INSIDE CIT		
	New York  100, STREET AND NUMBER	Ulster					New Pal	tz			1 YES 2
FUNERAL	San 113/161 SALIMATED	in Street				101.		561	- 1		OF WHAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. /	ARMED	13. WAS	DECE	NDENT OF HISPANI		necify Yes n	-	S. A.
Æ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2		If yes	s, spec	city Cuban, Maxican 2 NO Specify:	, Puerto Ricar			Black, Whita, etc. Specify: Whit
8	15. DECEDENT'S ED				USUAL OCCUI			18b. KIN	D OF BUSIN	NESS/INDUST	RY
ш	Elementary/Secondary (0-12)	College (1-4 or 5+		ille. Do NOT u	se retired.)	g most	t or working				
MP I	12			Clei	rk			I	Baker	У	
COMP	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NAM	IE (First, Middl	e, Maiden St	urname)	
BE		niel Guett					= ==			etterm	
6	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural R				
-	Joseph D. Walk	cer		2014	Old Fi	red	erick Ro	ad Ca			Maryland
	20a. METHOD OF DISPOSITION 1	movel from State			E OF DISPOSIT		(Name	DATE			or Town, Stata
	4 Donation 5 Other (Specify)		- Ne	w Plat	z Rura	1	Cemetery		New	Paltz	. New Yor
	21. SIGNATURE OF FUNERAL SERVICE I	3 40	20								ral Servi
	muchael t.	marguel	lo		398	31	Carrol1t	on Roa	ad Upj	perco,	Maryland
CERTIFICATION	Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	OR AS A CONS	SEOUENCE O	)F):	4	DISE	ASE			
ERI	resulting in deeth) LAST	_ d									
_	PART II. Other significent condition	ons contributing to	death but no	t resulting	In the under	rlylng	ceuse given in	Part I. 24	. WAS AN A		24b. WERE AUTOPSY
MEDICA	OSTEODRTH	+RITIS						_   1	PERFORM	- 1	AMAILABLE PRIO COMPLETION DE OF DEATH?
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W W								_			
	25. WAS CASE REFERRED TO MEDICAL	I				26. PL	ACE OF DEATH (Che	ck only one)			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpetlant	3 🗆 DOA	OTHER:		ACE OF DEATH (Che		pecify)		
	EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 28a, DATE OF	INJURY	28b. Til	OTHER: 4   Nursing	Home	e 5 🗆 Residence	6 🗆 Other (S	-	JURY OCCUR	ED
PHYSICIAN:	EXAMINER?	28a. DATE OF (Month, D	INJURY	28b. Til	OTHER: 4   Nursing ME OF JURY 28	Home	e 5 🗆 Residence	6 🗆 Other (S	-	JURY OCCUR	ED
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	28e. DATE OF (Month, D	INJURY	28b. Till IN	OTHER: 4 Nursing ME OF JURY M 1	c. INJL WOI	• 5 Rasidence URY AT RK? /ES 2 NO	6 Other (S) 26d. DESCRI	BE HOW IN		ED Rural Route Number,
ED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be detarmined	28e. DATE OF (Month, D	INJURY lay, Year) OF INJURY — At	28b. Till IN	OTHER: 4 Nursing ME OF JURY M 1	c. INJL WOI	• 5 Rasidence URY AT RK? /ES 2 NO	6 Other (S) 26d. DESCRI	BE HOW IN.		
TED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident   Suicide   Gould not be detarmined  29s. CERTIFIER Check only  1 CERTIFYING PHY	28e. DATE OF (Month, D	INJURY  ay, Year)  PF INJURY — At etc. (Specify)  my knowledge,	28b. Till IN home, ferm,	OTHER: 4   Nursing ME OF   26- IJURY M   1 street, factory,	Home c. INJL WOI V office	e 5 Rasidence URY AT RK7 (ES 2 NO	6 Other (S) 28d. DESCRI 28f. LOCATIC City or iii	DN (Street arrown, State)	nd Number or F	Rural Route Number,
TED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident   Suicide   Gould not be detarmined  29s. CERTIFIER Check only  1 CERTIFYING PHY	28a. DATE OF (Month, Done) 28a. PLACE OF building, 28a. PLACE OF building, 28a. PLACE OF building,	INJURY  ay, Year)  PF INJURY — At etc. (Specify)  my knowledge,	28b. Till IN home, ferm,	OTHER: 4   Nursing ME OF   26- IJURY M   1 street, factory,	Home c. INJL WOI V office	e 5 Rasidence URY AT RK7 (ES 2 NO	8 Other (S) 28d. DESCRI 28f. LOCATIC City or ii to the cause(	DN (Street arrown, State)	nd Number or F	Rural Route Number,
ED BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER?	28a. DATE OF (Month, Done) 28a. PLACE OF building, 28a. PLACE OF building, 28a. PLACE OF building,	INJURY  ay, Year)  PF INJURY — At etc. (Specify)  my knowledge,	28b. Till IN home, ferm,	OTHER: 4   Nursing ME OF   26- IJURY M   1 street, factory,	Home c. INJL WOI V office	e 5 Rasidence URY AT RK7 /ES 2 NO and place, and due	8 Other (S) 28d. DESCRI 28f. LOCATIC City or ii to the cause(	DN (Street arrown, State)	nd Number or F	Rural Route Number,

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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91-14859						
	1. DECEDENT'S NAME (First, Middle, Last)	2, DATE OF DEATH	3. TIME OF DEATH						
~	GRACE VIOLA WINE	05-17							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leat birthday) IF UNDER 1 YEAR IF UNDER 24 HR	(Admitte Plan Mond	8. BIRTHPLACE (State or Foreign Country)						
	213-05-38/8 1 M 2 DE 76 YRS. WORTHS WATS MOUNTS WITH	11-18-1	914 MARGLAND						
	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF	DEATH							
5	GREATER BALTIMORE MEDICAL CENTER TOWSON		BALTIMORE						
EC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY						
10	MARYLAND CARROLL WESTMINSTE	~	1 VES 2 □ NO						
!AL	10e. STREET AND NUMBER	- 100	10g. CITIZEN OF WHAT COUNTRY?						
FUNERAL DIRECTOR	412 OAK HILL CT. 2115	7	U. J. A.						
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMST  1 Never Merried  12. WAS DECEDENT EVER IN U.S. ARMST  13. WAS DECENDENT OF HIS  14. WAS DECENDENT OF HIS  15. WAS DECENDENT OF HIS  16. Yes, GIVE WAR OR DATES  17. WAS DECENDENT OF HIS  18. WAS DECENDENT OF HIS  19. WAS D	ican, Puerto Ricen, etc.)	Black, White, etc.						
ВУ	3 7 Widowed 4 Olvorced IF YES, GIVE WAR OR DATES 1 YES 2 700 Sp	юту:	WHITE						
COMPLETED	15. DECEDENT'S EQUCATION (Specify only highest grade completed)  ### 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSI	NESS/INDUSTRY						
9	Elementary/Secondary (6-12)   College (1-4 or 5 +)	200	THING						
JMF	12 2 SEWER-SEAMTR  17. FATHER'S NAME (First, Milddle, Leet) 16. MOTHER'S	NAME (First, Middle, Maiden S							
	OLIVER MILTON KOONTZ JOT		A Houck						
) BE	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Ru								
5	PAT HILDRETH Z6 CARAWAY	RD RETS	TERS TOWN, M.D.						
	20e. METHOD OF DISPOSITION  1 Buriat 2 Cremetion 3 Ramoval from State  20b. PLACE OF DISPOSITION (Name of cometery, crematory other place)	20c. LOC	ATION — City or Town, State						
	4 Donation 5 Other (Specify) CARRUL CREMATO	RY HA	MASIEND, MID.						
	21. SIGNATURE OF TUNERAL BERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY GILLIONS								
	"Motel A. Myers funexa Hinle WESTMOSTER								
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, a shock, or heart failure. List only one cause on each line.	uch as cardiac or reapir	atory arrest, Approximate ' Interval Between Onset and Death						
	disease or condition Cerebrouscular Anarct								
	resulting in deeth)  OUE TO (OR AS A CONSEQUENCE OF):								
z	Giant cell Anterits								
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  Approximation Proumonia								
FIC	CAUSE (Disease or Injury								
CERTIFICATION	that initiated events resulting in death) LAST								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause giver	In Part I. 24s. WAS AN	AUTOPSY 24b. WERE AUTOPSY FINDINGS						
CAL	Tari in other algument contained continuous to death out not resulting in the underlying cause given	PERFOR	MED? AMILABLE PRIOR TO						
ED		1 X YES 2	OF DEATH?  1 M YES 2 □ NO						
4: M			1,4 123 1 2 10						
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL  EVANIMED?  26. PLACE OF DEATH (Check only one)								
YSIC	EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residen	ce 6 🗆 Other (Specify)	/						
PH	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  28c. INJURY AT WORK?	28d. DESCRIBE HOW II	JURY OCCURED						
BY	2 Accident Investigation	281. LOCATION (Street and Number or Rural Route Number,							
ED	3 Suicide s Could not be determined Selection of the building, etc. (Specify)	City or Town, State)							
COMPLET	29e. CERTIFIER (Check only 1  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(a) end manner as stated.								
MP	(Check only 12 CENTIFYING PRISICIAN: To the basis of my knowledge, death occurred at the time, date and place, end due to the cause(a) end manner as stated.    One								
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE	NUMBER	29d. DATE SIGNED (Month, Day, Year)						
) BE	Rebecca a Tufury Mp D36	226	<b>&gt;</b>						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IVEM 27) (Type, Print)								
	Rebecca A. Ludwig, M.D GBMC - 6701 N. Charles Street; Towson MD 21204								
	31. DATE FILED (Month, Day, Year)  32. REGISTRAB'S SIGNATURE  June Davidson-Handelle								

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TO BE COMPLETED BY FUNERAL DIRECTOR

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DR	SHO SHOW	5
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-mours after death, Page 6 may b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to the property of the funeral director, page to the funeral director, page to the funeral director, page to the funeral director of beauty and Mental Handless prior in burial cremation or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
PIT	ER	E
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

91

14860

DHMH-16 Rev 1/89

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGI		91 14860		
1. DECEDENT'S NAME (First, Middle, L.	est)	•	-		2. DATE OF DEATH		3. TIME OF DEATH		
Mattie	Mattie Lee Windson					5, 199			
4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	, 8	BIRTHPLACE (State or Foreign Country)		
217-44-7886	1 🗌 M 2 💢 F	76 YRS.					Maryland		
9e. FACILITY NAME (If not institution, g		96		R LOCATION OF DE	ATH		Y OF DEATH		
9310 Cabbage			Frederick			Fred	Frederick		
10e. STATE 10b. CO		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY		
Md.	Md. Frederick			Frederick			LIMITS?		
10e. STREET AND NUMBER		101		H. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?		
9310 Cabba	ege Run Rd.			21701		U.	.S.A.		
11. MARITAL STATUS	MARITAL STATUS 12. WAS DECEDENT EVER II		U.S. ARMED 13. WAS DECENDENT O		F HISPANIC ORIGIN? (Specify Yes or		r No- 14. RACE — American Indian, Black, White, etc.		
1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES 1 YES 2 X NO					Specify:		
15. DECEDENT'S	EDUCATION .			W.	I an among an	White			
(Specify only highest (	grade completed)	(Give kind of work life. Do NOT use re	done during mo	on st of working	16b. KIND OF	BUSINESS/INDU	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		emaker			Home			
17. FATHER'S NAME (First, Middle, Last		HOI	CHIARCI	18. MOTHER'S NA	ME (First, Middle, Mei				
George	Burke				abeth	Dove			
19e. INFORMANT'S NAME (Type/Print)	Darne	19b. MAILING AD	DRESS (Street e		Poute Number, City or		Code)		
Sandra K. Be	eaton	9310	Cabbag	e Run Rd	. Freder	ick. Md.	. 21701		
20a, METHOD OF DISPOSITION	201	. PLACE OF DISPOSITION	-				ity or Town, State		
1 Donation 5 Other (Specify)	Removal from State	other place)	iscopa	1 Church	Cemet	Forest	ville, Md.		
21. SIGNATURE OF FUNERAL SERVICE		4		ND ADDRESS OF FA			rs Co. Inc.		
Manage	hank	-	5801	Clevele			le, Md. 20737		
23. PART I. Enter the diseases,	or complications that ceuse	d the death. Do not							
shock, or heert fell	ure. List only one cause on e						Interval Between Onset and Desth		
IMMEDIATE CAUSE (Final disease or condition	4.40.212	010 000 000	0.0	015 6			Oliset and Destin		
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	A PAIL	2651					
			L UAS	LULAR ACCIOENTS			1985		
Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE OF):							
cause. Enter UNDERLYING CAUSE (Disease or Injury	a								
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
resulting in death) LAST	d								
PART II. Other significant cond	litions contributing to deeth i	out not resulting in	the underlyin	g cause given in	Part I. 24s. WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
						FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						9	OF DEATH?		
25. WAS CASE REFERRED TO MEDIC			26. P	LACE OF DEATH (Ch	eck only one)				
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out		THER:	ne 5 KResidence	6 Other (Specify)	1			
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C		JURY AT	28d. DESCRIBE H	OW INJURY OCCU	URED		
1 Natural 5 Pending 2 Accident Investigat	A 44 50 50 50 50 50 50 50 50 50 50 50 50 50	INSOR	M 1 YES 2 NO						
3 Suicide 6 Could no	28a. PLACE OF INJUR building, stc. (Spe	/ — At home, farm, street, factory, office		:0	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
4 Homicide determin	ed			110					
29e. CERTIFIER (Check only	PHYSICIAN: To the beet of my know	wledge, death occurred	et the time, date	end place, end due	to the cause(e) end	I menner ee state	d.		
one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.									
29b. SIGNATURE AND TITLE OF CER		29c. LICENSE NUMBER			29d. DATE	29d. DATE SIONED (Month, Day, Year)			
Karen	emer 4	WD 24291			•	5/15/41			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  KAREN M. HUNDEMER, W.D. 15 EAST FREDERICK ST, WALKERSVILLE									
	HUNDEMER	m.o. 1	5 EAST	FREDERICE	( ST, W	b ace usu	ille.		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE							

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REGISTRAR		CERTIF	ICATE (	OF DEATH		REG. NO.			
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH		YEAR	3. TIME OF OEATH TO
LOYOLA PATRI	CIA WHITTING	GHILL			MA	Y 13	Ï 991	TEAR	1:00 F M
4. SOCIAL SECURITY NUMBER	T 1	E (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS				8. BIRTH	PLACE (State or Foreign
517-12-3042 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🖫 F	72 YRS.		WN OR LOCATION OF	APR	26 1		Country W	ASHINGTON
NATIONAL NAVAL		<b>T</b> ER	96. CITY, 10	BETHESDA				TGOM	
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	•	10- 017	Y, TOWN OR L	OCATION	·.				10d. INSIDE CITY
MARYLAND MON	TGOMERY	100. 011		HESDA					LIMITS?
100. STREET AND NUMBER 9506 OLD GEORG	ETOWN ROAD			101. ZIP CODE 2081	4				O STATES
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS	DECENDENT OF HIS		(Specify Yea		14. RACE	- American Indian.
1 Never Merried 2 Narried 3 Widowed 4 Divorced	FORCES? 1 TYPES, GIVE WAR OF		If ye	e, specify Cuben, Mex YES 2 NO Spe	dcen, Puerto Ri	can, atc.)		Specif	WHITE
15. DECEDENT'S EDU		16a. OECEOENT'S	USUAL OCCU	PATION	16b.	KIND OF BUS	SINESS/IND	USTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		work done durir no retired.) DUSEWI	ng most of working		0	Homo		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, M		Home		
PATRICK CHARL	ES MCDONALD				RUDE E		,	NION	Į.
190. INFORMANT'S NAME (Type/Print)  KATHLEEN MARIA WI	HITTINGHILL		Marin Service	reet end Number or Ru NDSOR LAN					4
20e, METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3  Ren	noval from State	20b. PLACE AND DATE	E OF DISPOSI	TION (Name	-17291	20c. LO	CATION —	City or To	wn, State
4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL STERVICE LI		GATE OF H.				Silv	er Sp	oring	g, Maryland
► MAL SAVICES	tu A	м00689	Home	e/Bethesd consin Av	a-Chev enue,B	y Chasethese	se, I	nc. aryl	rey Funeral 7557 and 20814
IMMEDIATE CAUSE (Final disease or condition resulting in death)		OBSTRUCT		LMONARY D	ISEASE				Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE O	F):						
CAUSE (Disease or Injury that Initisted events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	F):						
	0								1
PART II. Other algnificant conditio	ns contributing to deet	h but not resulting	In the unde	rlying ceuse given	In Part I.	24a. WAS AN PERFOR	RMED?	24b.	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				20. PLACE OF DEATH	(Check only one	)			
EXAMINER?  1 YES 2 NO	HOSPITAL:	Outpetient 3 DOA	OTHER:	Home 5 - Residen	ce 6 C Other	(Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yes	RY 26b. TIN	IE OF 28	c. INJURY AT WORK?	_	CRIBE HOW	NJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be datermined	26e. PLACE OF INJ building, etc. (3	URY — At home, ferm, Specify)	atreet, fectory.	, office	281. LOCA City o	TION (Street or Town, State)	and Number	or Rural F	Route Number,
One)	SICIAN: To the best of my ki								i) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE  (D) Muller /		C USAR		29c, LICENSE 3848		N.C.	29d. DAT	E SIGNEO	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W			e, Print)	NATIONA	L NAVA	L MED			TER
C. D. MILLER	I.T. MC. II	SN		BETHESD	A, MD	20889	-5000	)	
31. DATE FILED (Month Day, Year)	32 AEGISTELAN'S S	And Andell							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the contract be executed within 24 hours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attended and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and receive price to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

principles and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mene prior to burial, cremation, or removal.

cate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

NO 13261

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VITAL RECORDS, R.O. BOX 68760,	
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DIVISION	

	1 - STATE REGISTRAR	SIAIE UF	MARYLAND /	DEPAR	ICATE	OF H	DEAT	AND I	MENIAL HYGIEN REG. NO.		1	14002
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF OEATH			3. TIME OF DEATH
- 3	CLAREN	CE R. W	EBSTER,	, SR					MAY 16		91	8:30 a M
- 4	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	l birthday)	IF UNDER 1	_	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	589-01-3999	XXM 2 □ F	101	YRS.	MONTHS	DAY8	HOURS	MIN.	12-11-18	389		ryland
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, 1	TOWN O	R LOCATI	ON OF DE			INTY OF O	DEATH
OR	11221 Rose La	ne			Wh	eat	on			MC	NTG	OMERY
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT				Y. TOWN OR							
DIRECTOR		ontgome.	ru	10c. CI	Whe							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Diregonie	<u> </u>		WITE					I		TANES 2 □ NO
FUNERAL	11221 Rose La	ne				101.	ZIP CODI		0902	10g. CI	USZ	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	IT EVER IN U.S. ARI Ves 2 — N MAR OR DATES	MED IO	H	yes, spe		n, Mexics	IIC ORIGIN? (Specify Yea n, Puerto Ricen, etc.) /:	or No-	14. RACI Blaci Spec	E — American Indian, k, White, etc. //y: Black
ED	15. OECEDENT'S EDU				USUAL OC			121	16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Hin	Do NOT u	work done du se retired.)	inng mos	it of worki	קר				
1	8th			Lab	orer				Constr	ruct	ion	Co.
O	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)		
BE C	Charles Webs	ster						Ja	ane ?			
	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	(Street a	nd Number	or Rural	Route Number, City or Tow	n, State, Z	ip Code)	
2	Clarence Webste	∍r, Jr	(son) 1	122	1 Ro	se	Lan	e, I	Wheaton,	MD	2090	02
	20a. METHOD OF DISPOSITION 1  X Burlal 2   Cremation 3   Rem 4   Donation 5   Other (Specify)	loval from Stata	20b. PLACE of cemetary, Gate				(Name		DATE 20c. LO		- City or To	
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Gacc	01	22. N	AME AN	D ADDRE	SS OF FA	CHITY			257777
	Genga	R. 1	urvo	Lai	S	NOW	DEN	FU	NERAL HOM MD 2085	ME,P	.A.	
	23. PART I. Enter the diseases, or	complications the	at caused the de	ath. Do							rrest,	Approximate
	shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition	MYOC	ARDTAL.		IN	FAF	CTI	ON	./			Interval Between Onset and Death
	resulting in dasth)	s. MYOC.		OUENCE C	77)	, ,,,	CV	10.	À			ACUTÉ
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events	ARTERI	(OR AS A CONSEC	OTIC	CAR				AR DISEAS		-	NOEF
ERTI	resulting in death) LAST	d		11.0 5000								
ICAL C	PART II. Other significant condition	ns contributing to	death but not r	reaulting	in the unc	derlying	cause	given in	Part I. 24a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									1 □ YES :			COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED									-			1 YES 2 NO
AN												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF U	DEATH (C	neck only one)			
YS	P☐ YES 2 □ NO		☐ ER/Outpetient 3					esidence	6 Other (Specify)			
	27. MANNER OF DEATH  1 Matural 5 Pending	28a. DATE O (Month,	Pay, Year)	28b. TII	JURY		RK?		26d. DESCRIBE HOW	INJURY O	CCURED	
BY	2 Accident Investigation	5	6 91		4 M		/ES 2 {	_ NO	100ND	IN	D	50
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE o	OF INJURY — At he , atc. (Specify)	1		ery, offic	•		28f. LOCATION (Street City or Town, State	)	er or Rural	Route Number,
				tom	6				#	0		
COMPLETED	and)								to the cause(a) and ma time, data and place, a			(a) and manner as stated.
	29h. SIGNATURE AND TITLE OF CERTIFIE	B 0 /			1		29c, LIC	ENSE NU	MBER	29d. D/	TE SIGNE	D (Month, Day, Year)
BE	American	-(0/1	11.//	//	118		00	70	196	•		1101
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAN	JSE OF DEATH (ITE	M 27) (Tyr)	e, Print)	_	0	, ,	1			0-7/
	FRANCIS C N	TAYLE	8200 N	1000	NSI	V.	AN	· .	BETHE	Spa	M	20814
	MAY 20 91	32. AGGISTA	ARIS SIGNATURE	Pande	02							

BALTIMORE, MARYLAND 21203-314

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached they make the three death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.	
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80	DIRE	E	
M	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	프	
JSPI	Thin	H	
EH	D M	E	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	* REGISTRAR		CERTI	FICAL	E OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Kathryn	Wylie				2. DATE OF MONTH May	OEATH DA		YEAR 991	3. TIME OF DEATH 7:30 A M
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yra. last birthda	MONTHS	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De	BIRTH sy, Year)		8. BIRTHI Country	PLACE (State or Foreign
	119-36-3019		83 YAS				April	4, 1			York
_	Sa. FACILITY NAME (If not institution, give st	reet and number)		9b. CIT	Y, TOWN	OR LOCATION OF C	DEATH		9c. COU	NTY OF DE	EATH
10	Potomac Valley	Nursing	Home		R	ockville			M	lontg	omery
<u> </u>	10a. STATE 10b. COUNTY		100	HTY, TOWN	OR LOCA	TION					10d. INSIDE CITY
DIRECTOR	Maryland Mon	tgomery			ockvi					- 1	LIMITS? 1 X YES 2 NO
4	10e. STREET AND NUMBER				10	f. ZIP CODE			10g. CITI	IZEN OF W	HAT COUNTRY?
FUNERAL	1235 Potomac Val	ley Road				20850			Uni	ted	States
5	11. MARITAL STATUS		T EVER IN U.S. ARMED	13		CENDENT OF HISPA			or No-	14. RACE	- American Indian, White, etc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				ecify Cuban, Mexic 3 2 🔯 NO Spec		in, etc.)		Specif	Company of the Compan
	15. OECEDENT'S EDUC		16a. OECEDEN	T'S USUAL	OCCUPATI	ON	16b. KJI	ND OF BUS	SINESS/INC	DUSTRY	
<u>L</u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6 +	Iffe. Do NO	r work done use retired.	auring mo	out of working					
COMPLETED	12			None				None	9		
Ö	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S N	IAME (First, Midd	tle, Melden	Sumame)		
BE C	Robert H. Wyli	e				Belle	e G. Mu	lfor	d		
	19a. INFORMANT'S NAME (Type/Print)	_	19b, MAIL	NG ADDRE	SS (Street	and Number or Rure.	l Route Number,	City or Tow	n, State, Zip	Code)	
2	John V. Wylie, M.	D.	1624	4 Ba	tchel	llors Fo	rest Ro	d. C	Olney	, MD	20832
	20a. METHOD OF DISPOSITION 1 □ Burial 2 ☒ Cremation 3 □ Rame		20b. PLACE OF DIS	POSITION (F	lame of ce	metery, crematory or		20c. LO	CATION -	City or To	wn, State
	4 Donation 5 Other (Specify)	oval from State		ery (	Crema	atorium,	Inc.	Bet	hesd	a, M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		R.	NAME A	NO ADDRESS OF F	ACILITY DOTEV	Funer	ral H	ome/	
	· Kahung	tomas	M0019	8 7	Betl 57	nesda-Ch Visconsi	evy Cha n Ave.	ase, Beth	Inc.	,MD	20814-3501
	23. PART I. Enter the diseases, or conshock, or heart failure.	complications the	t caused the death. D	o not ente	r the mo	ode of dying, su	ich as cardiac	or respi	Iratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	Liet only one one	oo on oom me.								Onset and Death
	disease or condition resulting in death)		Myocardial	Infa	cctio	on					Immediate
		DUE TO	(OR AS A CONSEQUENCE	OF):							
Z	Sequentially list conditions,	0.	Arterioscle		Vas	cular D	isease				
CERTIFICATION	if any, leading to immediate	DUE TO	(OR AS A CONSEQUENCE	OF):							
2	CAUSE (Disease or Injury	c	(27.15.1.20.17.17.17.17.17.17.17.17.17.17.17.17.17.								
	that initiated events resulting in death) LAST	DOE 10	(OR AS A CONSEQUENCE	OF):							
5		d									<u> </u>
١	PART II. Other significant condition	s contributing to	death but not resulting	ng In the i	ınderiyir	g cause given i	n Part I. 24		AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	Organic Brain	n_Svndro	me_					PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		*							44		1 YES 2 NO
× .							_				
A	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C	Check only one)				
PHYSICIAN:	EXAMINER?  1 YES 2 XNO	HOSPITAL:	☐ ER/Outpetiant 3 ☐ DO.	OTHI 4 Ø N	ER: ursing Hor	ne 5 🗆 Residence	6 Other (S	Specify)			
Ŧ	27. MANNER OF DEATH	28a. DATE OF	INJURY 28b.	TIME OF	28c. IN	JURY AT	28d, DESCR		NJURY OC	CURED	
	1 Natural 5 Pending	(Month, D	lay, Year)	INJURY M		ORK? YES 2 NO					
BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At home, far	m, street, fo	ctory, offi	00	26f. LOCATI	ON (Street	and Numbe	r or Rural F	Route Number,
TEO	4 Homicide detarmined	bunding,	etc. (Specify)				City or	Fown, State	)		
COMPLET	29a. CERTIFIER 1X X CERTIFYING PHYSI	CIAN: To the best of	my knowledge, death oc	served at the	time dat	e and place, and do	us to the cause	(a) and ma	nner as etc	ted	
¥	(orden orn)		xamination and/or investig								) and manner as stated,
8	29b. SIGNATURE AND JULE OF DESCRIPTION		, 0			29c, LICENSE N					
BE	11184	91	19/h	14		DOI	120				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED ALL	SE OF DEATH (ITEM 27)	ivne. Print)		4 -				may 1	14, 1991
	Walter E. Goozh				Roa	d, Wheat	ton, Ma	ryla	nd :	20902	2
!	MAY 17 91	Julia V	AR'S SIGNATURE	20.							
		1//									

FOR STATE REGISTRAR

31. DATE FILEO (Month, Day, Year) MAY 1 7 '91

THE DEFINITION OF DESCRIPTION OF DES	1	MARY EDM	5. SEX 6. AGE		F UNDER 1 YE		7. DATE OF BIRTI	16,1991	BIRTHPLACE (State or Country)
TO BUT TO BE STREET AND NUMBER   190, COTTERN NUMBER   190, COTTERN NUMBER   190, COUNTRY   190,	R	9a. FACILITY NAME (If not institution, give	street and number)	93 YRS.		WN OR LOCATION OF D	gun. /	9c. COUNTY	Y OF DEATH
The same of the contribution of the contributi	IRECTO	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT	тү	10c. CITY, 1		OCATION		1 112	10d. INSIDE CIT LIMITS?
To provide the provided to t		10e. STREET AND NUMBER			Lard	10f. ZIP CODE			N OF WHAT COUNTRY?
16. RECEDENT'S SUCATION    Security of Phylographic completed (five size) of working from out working from out working from out working from out working from out working from out working from the working from out working from out working from out working from the working from out working from the working from t		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	If yes	, specify Cuban, Maxico	en, Puerto Ricen, etc		
The INFORMANTS NAME (Type-Print)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Darker.)  180. MAILHIG ADDRESS (Street and Number or Parall Pounts Number or P	PLETED	(Specify only highest grad	te completed)	(Give kind of world life. Do NOT use n	k done during retired.)	g most of working	16b. KIND O		STRY
Description of Disposition Name    Secure tell Dennis   Secure tell Denn			Adkins						TR
Source   2   Croppetion   Removal from State   Community of The place)   22. NAME AND ADDRESS OF FACILITY   22. NAME AND ADDRESS OF FACILITY   22. NAME AND ADDRESS OF FACILITY   23. NAME AND ADDRESS OF FACILITY   24. NAME AN			ia						
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions.  PART II. Other algnificant		4 Donation 6 Other (Specify)			Ceme	tery	5/18 W		
Minimize Date Cause (in inal disease or condition resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR A		> Quala	O B	unes				ne, Sal	isbury,
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  ACUTE Renal Factors  ARILABLE PRICE  1 YES 2 MO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF GEATH  1 YES 2 NO  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY AT WORK?  1 YES 2 NO  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)		ahock, or heert feliure			t arros tra	mode of dying, said	on ea cardiac or	respiratory stress	Interval
See See See See See See See See See See	FICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	b. Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Selection (M.)	elli				8
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 20 NO  1 Minpetient 2 EN/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  26. PLACE OF DEATH (Check only one)  27. MANNER OF GEATH  10 Natural 5 Pending investigation investigation 3 Suicide 6 Could not be detarmined  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Due to (or as  Due to (or as  Due to (or as  Due to (or as  Due to (or as  Due to (or as	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  F   Clo	elli Co	les liles			3
10   Natural   5   Pending Investigation   2   Accident   3   Suicide   4   Homicide   4   Hom	: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions are conditions.	DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. C. DII  Done contributing to death	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  F ( CL)  but not resulting in	elle Co	les liles	PE	RFORMED?	24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?
City or Town, State)	: MEDICAL	PART II. Other eignificant condition  A CAVE Reprehensive Conditions of the conditio	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DIII  DONA CONTRIBUTING to death  CACUAL  HOSPITAL:  1   Impetient 2   ERVOU	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  F ( CLC  but not resulting in	the undar	Less  lites  fying cause given in  8. PLACE OF DEATH (C	heck only one)	enformed?	24b. WERE AUTOPSY AWAILABLE PRIC COMPLETION O OF DEATHY 1  YES 2 (
	Y PHYSICIAN: MEDICAL	PART II. Other significant conditions resulting in death)  PART II. Other significant conditions resulting in death) LAST  PART II. Other significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant condit	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DIII  DONE CONTributing to death  ACCO  HOSPITAL:  1 Kinpatient 2 = ER/Ou  28a. DATE OF INJURY  (Month. Day, Year)	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  F ( CL)  but not resulting in  A consequence of):  Consequence of):  A consequence of)	the under	Ityling cause given in  8. PLACE OF DEATH (C. Home 5   Residence INJURY AT WORK?   YES 2   NO	heck only one)  6 Other (Specification Describe)	ES 2 PRO  HOW INJURY OCCU	24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH? 1  YES 2 C
(Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner at 29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Yell of Signature)  3   Signature   Si	ED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions in any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The si	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C.  DUE TO (OR AS  DU	A CONSEQUENCE OF):  A CONS	the under  the under  the under  2  OTHER:    Nursing OF RY M   1  wet, factory, at the time,	lying cause given in  6. PLACE OF DEATH (C  Home 5 Residence INJURY AT WORK?  YES 2 NO  office	theck only one)  6 Other (Specific Specific Spec	ES 2 PRO  Y)  HOW INJURY OCCU  Street and Number or State)  Indian manner as stated ace, and due to the	24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?  1 YES 2 [I

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

S.

ULRICH

1 -

	163-03-4735	5. SEX	6. AGE (In yrs. les	YRS. MONTH	DER 1 YEAR	HOURS MIN.	7. DATE OF BIR (Month, Day,	Year)	Country)	E (State or For	
	9a. FACILITY NAME (If not institution, give		81		TY TOWN	OR LOCATION OF DE	9-16-		oates		
E	Union Hospit				., .	Elkton	A111	J	Ceci		
6	RESIDENCE OF DECEDENT										
DIRECTOR	Md .	cecil	L	10c. CITY, TOW		kton			-000	INSIDE CIT LIMITS?	
AL	10e. STREET AND NUMBER			1	10	H. ZIP CODE		10g. CITIZ	10g. CITIZEN OF WHAT COUNTRY?		
	76 Cambridge	Road				2192	1		U.S.	Α.	
BY FUNER	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 ☑ YES 2 ☐ I WAR OR DATES 2							merican Ind ite, atc. White	
	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DE	CEDENT'S USUAL live kind of work do . Do NOT use retire	OCCUPAT	ION lost of working	16b. KIND	OF BUSINESS/INDU	STRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	(+)	. Do NOT use retire Furbine				Sun Oi	1		
MO	17. FATHER'S NAME (First, Middle, Last)			IUIDIII	=1	18. MOTHER'S NA	ME (First, Middle.		7		
Ŭ U	John Wright					220.000 020 01020		h Donli	n		
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADDR	ESS (Street	and Number or Rural I					
	Mary U. Wright	<u>,                                      </u>		76 Caml	orid	ge Road	, Elkt	on, Md.	219:	21	
	20a. METHOD OF DISPOSITION 1 □ Burlal ※ Cremation 3 □ Re	movel from State		AND DATE OF D		N (Name	DATE	20c. LOCATION — C	ity or Town, S	State	
	4 Donation 6 Other (Specify)		R. A	Ferr	is &			est Che	ster	Pa	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		1		AND ADDRESS OF FA Funeral		259 E.	Main	St.	
	1		_	(	366	runerar	поше	Elkton,	Md.	219:	
RTIFICATION	Sequentielly list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
DICAL CE	PART II. Other significant condition	ons contributing t	to death but not	resulting in the	underlyi	ng cause given in		WAS AN AUTOPSY PERFORMED? YES 2 LINO	AMA COA	RE AUTOPSY ILABLE PRIC IPLETION OF DEATH?	
M							_			YES 2	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (Ch	eck only one)				
	1 VES 2 NO	HOSPITAL:	☐ ER/Outpetlent	DOA 4	IER: Nursing Ho	me 5 🗆 Residence	6 Other (Spec	olfy)			
BY PHYS	27. MANNEB OF DEATH  1 Netural 5 Pending 2 Accident Investigation		Dey, Year)	28b. TIME OF INJURY	٧			ESCRIBE HOW INJURY OCCURED			
ETED B	2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOC							OCATION (Street and Number or Rural Route Number, 2ty or Town, State)			
COMPLE	29e. CERTIFIER 1 CERTIFYING PHY					ta and place, and dua death occured at the				f menner s	
TO BE	206. SIGNATURE AND TITLE OF CERTIF	Musey		).		D38			5/2/		
	DA / MULLING M. D. D38873 > 5/21/0  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  AMAN PAUL MAN SURY MA  UNION HUST ELKTON										
	11-1-011	u mr	. /			0 41	ulus th	isr EL	KTU.	~ ~	

WRICHT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

91 14865

8. BIRTHPLACE (State or Foreign Coatesville, P

91

3. TIME OF DEATH

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

200

M

2. DATE OF DEATH DAY

BALTIMORE, MARYLAND	24 hours after death. Page 6 may be retained by the hours	filled in by the funeral director, page 5 should be detached ion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the house	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Iem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at gince.

nurial-transit permit. Pages 1, 2, 3 should

	at-a-a a			CER				1					
ROSE	Middle, Last)	WES	T						MONTH		AY 1.0	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUMBE		5. SEX		(In yrs. lest bir	thrim) IE (II	NDER 1 YEAR	IF UNDER 24	Lime	May	14,	19		10:10
222-09-430		1 M 2 F	o. Note		YRS. MONT	-	HOURS	MIN.	(Month	, Day, Year) 6-191	2	Cour	
a. FACILITY NAME (If not inst				-	9b. 0	CITY, TOWN	OR LOCATION	OF DE		0-191		INTY OF	
Graham Nur			203	01d Tele		arwi						ci1	
RESIDENCE OF DECE	DENT				gal								
	NT CTT	Castle			oc. CITY, TOV I ew C								10d, INSIDE CITY LIMITS?
Delaware	New	castie		11	ew C						T		1 YES 2 NO
	D 20					100	01. ZIP CODE 19720				US.		WHAT COUNTRY?
134 Rodney	Dr.	12. WAS DECEDEN	T EVED I	NIIC ADME	n T		CENDENT OF		IC OBIGIN	2 /Snaalfu Va			CE — American Indien,
Never Married 2 N		FORCES? 1	YES	2 NO		If yes, s	pecify Cuban,		ı, Puerto I		s or no—	Bie	ck, White, etc.  White
	DENT'S EDU	CATION		16a, DECED	DENT'S USUA	L OCCUPAT	ION		16b	KIND OF BU	SINESS/IN	DUSTRY	
(Specify only in Elementary/Secondary (0-1	highest grade			(Give I life, Do	kind of work d NOT use retir	lone during m	oat of working		100	01 20		Josini	
12	-/	Compan (1-4 Df 5	'	Home	make	r				Н	omem	ake	r
7. FATHER'S NAME (First, Mid	idie, Last)						16. MOTHE	R'S NAI	ME (First, I	Aiddle, Meiden	Surneme)		
Joseph M	lasar	î.k					Kat	ari	ina	Ome1	kova	a	
90. INFORMANT'S NAME (Typ.	oe/Print)	1-					end Number o					ip Code)	
Doris W.	Rice			T	owns	end,	Dela	war	ce	19734	1		
9e. METHOD OF DISPOSITION TO THE PURISH 2 Greenston		oval from State		b. PLACE AN cemetary, cre			N (Name		OAT				Town, State
Donation 5 🗆 Other (			1 3	9 7 0		The	. 4		E /1	7/01	NT	1-	
			- IA	11 Sa	ints					1131	New	ark	, Delawa
1. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE	- IA	11 85		22 NAME A	ND ACCRES	OF FAC	OIL ITY		New	arĸ	, Delawa
23. PART I. Enter the die shock, or he IMMEDIATE CAUSE (Fina disease or condition	eases, or ert fellure.	complications the	ise on e	d the deeth		DANI 212	ELS &	oac	JTCH 3 St	ISON .,Mi	ddle	tow	n, De. 197 Approximate Interval Bette Onset and D
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23, PART I, Enter the die shock, or he shock, or he disease or condition resulting in death)  Sequentially list condition any, leading to immed cause. Enter UNDERLYIM CAUSE (Disease or injur	peases, or dert fellure.	a. DUE TO	(OR AS	d the deeth each line.	n. Do not e	DANI 212	ELS &	oac	JTCH 1 St	ISON .,Mi	ddle	tow	n , De . 197
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transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 77215-0020

(400)

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAND /		MENT OF H		MENTAL HYGIEN REG. NO.	_	14867
1. DECEDENT'S NAME (First, Middle, Last)	ETHEL CROS	S WII	LIAMS		2. DATE OF DEATH		3. TIME OF DEATH
13HT3	DIGI	10	ns		MONTH D	0 - 9 T	590 M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. las	t birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign
2.1	10 M 2 RF 78	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Dev Mer) 03-14-	13   °	Maryland
9e. FACILITY NAME (If not institution, give stre	r e	9	•	OR LOCATION OF DE	EATH	9c. COUNTY C	OF DEATH
Levindale Nursi	ng Center		Balt	imore		BARRIOR	a-ty
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		40 - OUTH	TOWN OR LOCA	71001			Total manage every
Maryland Bal	timore	27.4	atons				10d. INSIDE CITY LIMITS? 1 YES 2 NO
2731 Frederick	Road		10	21228	3	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES		If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:		RACE — American Indien, Bleck, White, atc. Specify: White
15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12) 7 th	College (1-4 or 5+)	CEDENT'S US the kind of woo Do NOT use Waitr	SUAL OCCUPATION OF MANAGEMENT OF STATEMENT O	ON ast of working	Food	siness/industri	
17. FATHER'S NAME (First, Middle, Last) Howard M. Cro	oss			18. MOTHER'S NA Isabel	AME (First, Middle, Meiden .1e		livan
Mr. Vernon D. C					Aoute Number, City or Town		
20e METHOD OF DISPOSITION  *** Surfel 2 Cremetion 3 Remove  4 Donetion 5 Other (Specify)	20b. PLACE	JONN	of DISPOSITION	<sub>(Name</sub> eterv	DATE 20c. LO	Elli	or Town, State  Cott City, I
21. SIGNATURE OF FUNDAL SERVICE LO	MOSE	M0053	22. NAME A	ND ADDRESS OF FA	Slack	Funer	al Home
23. BART i. Enter the diseases, or co							Approximate
iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSE	EX	יוצבאד	136 34	พิธเการ	www	interval Between Onset and Death
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE EN D - S Y DUE TO (OR AS A CONSE STOTUS - C 57	QUENCE OF:	300	EHEIM LO VASC	se's D	SEASE	المعادي المعادي
PART ii. Other eignificent conditions						AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
						· ·	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (C/	6 Other (Specify)		
27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED ,
3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, str	reet, factory, offi	ce	261. LOCATION (Street City or Town, State	and Number or R	lural Route Number,
one)	IAN: To the best of my knowledge, di						use(e) end menner se stated.
296. SIGNATURE AND TIPLE OF CERTIFIER				29c, LICENSE NU	MBER	29d. DATE SIG	ONED (Month, Day, Year)
/ Week	ATTS:	512	1m -		30951	100	-10-91

2434
32. REGISTRAR'S SIGNATURE
GIVE DRIVINGS

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

AMERICA M

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within been signed by Beeth and B

HOSPITAL

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE ,1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 843 1 997 5:54 PM WALSH LILLIAN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH
(Month, Day, Year)
12 - 26 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS MD. 215-48-4175 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE CITY BALITMORE CITY THE JOHNS HOPK HOPKINS HOSPITAL 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10a. STATE 10b. COUNTY BAL MD. TIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3220 U.5. 57. 21224 OMBALD 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIYE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, etc. ried 2 Married
4 Divorced If yes, specify Cuban, Maxican, Puerto Ri 1 Never Merried BY 3 Widowed HITE COMPLETED 16. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done during life. Do NOT use retired.) Elamentary/Secondery (0-12) College (1-4 or 5+) 40USEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE 19h MAILING ADDRESS (Str 9 10. MD. 21224 9 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE must 2 Cremation 3 5-1-91 5 Other (Specify) BALTO -, MO 21224 218 HUDSON ST examiner Tomas medical of, or complications that caused the death. Do not antar tha 23. PART I. Enter the dise Approximata mode of dying, such as cardiac or respirato lure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition\_ DUE TO (OR AS A CONSEQUENCE OF): 3-5065 resulting in death) or other traumatic event, hour CERTIFICATION Sequentially list conditions, AS A CONSEQUENCE OF if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Court 1 YES 2 1 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or Item HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO lent 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Nomtcida 29a. CERTIFIER (Check only one) 12 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exami 29b. SIGNATURE AND ATLE OF CENTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 5/3/51 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOHNS HOPKINS HOSPITAL 159550W A16 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH S  YEAR  4,38 P.  4,38 M.
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign
	234-36-5529 1 M 2 XF 8/ YRS. MONTHS DAYS HOURS MIN. 11-3-1909 COUNTY) VA.
œ	96. FACILITY NAME (If not institution, give street and number)  #65P  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  P.G. CO
CTO	RESIDENCE OF DECEDENT
DIRECTOR	10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	1 ☐ YES 2 NO  100. STREET AND NUMBER  101. ZIP CODE  102. CITIZEN OF WHAT COUNTRY?
FUNERAL	8676 FELSVIEW DR. 20723 U.S.A.
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ABMED 1 Never Married 2 Married 2 Married 11. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, Whita, etc.
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)  HOUSEID IFE
COMPL	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)
BE (	VINCE LEDSOME MARY KING
TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  19c. IAS OFF MID 20713
	20a. METHOO OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cametery, crametory or the place)  20c. LQCATION — City or Town, State  other place)
	4 Donation 5 Other (Specify) DRODDY - (ANIELBURY CEM. WALTON W.VA.
	21. SIGNATURE OF FACILITY BACTO: MD - 2/224
	23. PART I. Enter the diseases, or complications that caused the seath. Do not enter the mode of dying, such as cardiac or reapiratory arrest,   Approximate
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reaplratory arrest, ahock, or heart felture. List only one cause on each line.  IMMEDIATE CAUSE (Fine)  Approximate interval Between Onset and Death
	disease or condition resulting in deeth) . Ashratan breum one
	DUE TO (OR AS A CONSEQUENCE OF):
NOI	Sequentielly liet conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	cause. Enter UNDERLYING CAUSE. (Disease or Injury  CAUSE (Disease or Injury
TIE	that initiated events  DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST
CER	d
EDICAL	PART II. Other eignificant conditions contributing to doubt but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DE CAUSE
	1 YES 2 740 OF DEATH?
2	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER?  28. PLACE OF OEATH (Check only one)  HOSPITAL:  OTHER:
IX	1 VS 2 NO 1 Shipetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  286. DATE OF INJURY  286. TIME OF 286. INJURY AT 286. DESCRIBE HOW INJURY OCCURED
	1 CNetural 5 Pending (Month, Day, Year) INJURY WORK?  1 YES 2 NO
D BY	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office buffeling, etc. (Specify) (28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
ETE	4   Homicide determined
COMPLETED	29s. CERTIFIER (Check only One)  20s. MEDICAL EXAMINED On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CENTIFIER  29d. DATE SIGNED (Month, Day, Year)
BE.	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  56. 79
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	DR. SADIQ 7100 CONTEB RD. LAUREL MD.
	31. DATE FILED (MONTH), Day, Yogo 1 32. REGISTRAR'S SIGNATURE  June Day doon - Abandule

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death cert	ental Hydik	ıry, or ot
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aw require	s been sig	23 shows
SIAN: The	rtificate ha	or item
NG PHYSIC	fter this ce	marked,
S ATTENDI	RECTOR: A	т 28 із
SPITAL OF	NERAL DIF	NT: If ite
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the law replants by the law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the law replants in attending to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows be described for units and before the state of the State Destributed the Mental Hydiens prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR  1. DECEDENT'S NAME (First	t, Middle, Last)						2. DATE OF				. TIME OF DEAT	Н
Verna		Ge	rtrud	le l	Will	ev	монтн 5	10		EAR	4:50	A
4. SOCIAL SECURITY NUM	BER	5. SEX		yrs. lest birthday)	IF UNDER 1 YEAR	1	7. DATE OF	BIRTH	0.1	BIRTHPL	LACE (State or Fo	
215-16-30	98	1 M 2 F		76 YRS.	MONTHS DAYS	HOURS MIN.	12/2	3/14		Country)	tucky	
9s. FACILITY NAME (# not		treet and number)			9b. CITY, TOWN	OR LOCATION OF D			9c. COUNTY			
Memor:	ial Ho	ospital			East	on			Ta	albo	ot	
Maryland	10b. COUNT	oline		7.50	ry, town or Loc Presto						Od. INSIDE CITY LIMITS?	NO
100. STREET AND NUMBER		Box 148				et. ZIP CODE	1655			S.	A .	
11. MARITAL STATUS 1 Never Merried 2  3 Wildowed 4 Div	-1120-6-11	12. WAS DECEDED FORCES? IF YES, GIVE	YES	2 Y NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexico ES 2 NO Specific	in, Puerto Rici	Specify Yes o an, atc.)	or No.— 14.	RACE - Black, Specify:	American India White, atc. White	
	CEDENT'S EDU		1	6a. DECEDENT'S	Work door during	TION	16b. KJ	ND OF BUSI	NESS/INDUST	TRY		
Elementary/Secondary		College (1-4 or 5	+)		work done during in the retired.) emaker	root or working	0	wn H	ome			
17. FATHER'S NAME (First,						16. MOTHER'S NA						
Emil	Henze	e n				Anne	FoosH	enze	n Sta	aff	ord	
19a, INFORMANT'S NAME	(Type/Print)			19b. MAILING	G ADDRESS (Stree	t and Number or Rural	Route Number,	City or Town,	State, Zip Co.	de)		
James Ri	chard	Willey		Rt.	1, Bo	x 222D,	Pres	ton,	MD 2	216	5 5	
20s. METHOD OF DISPOSI		novel from State			E OF DISPOSITIO	N (Name	DATE	20c. LOC/	ATION — City	or Tow	n, State	
			of cer	metary cremator								
4 Donation 5 Oth	er (Specify)		- Ea	netary.cremator	Shore	Vetera		4 Hu	rlock	لب	MD	
23. PART I Enter the abook, or	diseases, or heart fallure.	CENTIEE COMPIlications the	at caused t	estern	Shore 22. NAME 22. NAME 12. NAME	AND ADDRESS OF FULL OF THE PARTY OF THE PART	NSF- Zacharan	-Eska c or respire	sburg atory arrest	M.	Approxim	etwee
23. PART is Enter the abook, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in	diseases, or heart failure.	complications the List only one ca	at caused to use on each of the course of th	the death. Do the line.	Shore 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NA	AND ADDRESS OF FA	NSF- Zacharan	-Eska c or respire	sburg atory arrest	M.	d 43 2	etwee
23. PART I Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	diseases, or heart failure.	complications the List only due ca	at caused to use on each of the course of th	the death. Do the line.	Shore 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NA	AND ADDRESS OF FINE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	ACILITY  NSF- Be  Ch as cardial  MMM  Part I. 2	-Eska c or respire	atory arrest	246.1	Approxim	NDING TO
23. PART I Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	diseases, or heart failure.	complications the List only one can be DUE TO d	at caused to use on each of the course of th	the death. Do the line.	Shore 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NA	AND ADDRESS OF FINE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	ACILITY  NSF- Be  Ch as cardial  MMM  Part I. 2	CON TESTANDA	atory arrest	246.	Approxim Interval B Onset and ONSET AUTOPSY F AMALABLE PRION OF COMPLETION OF COMPLETION OF	NDING:
23. PART I Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	diseases, or heart failure. insi	complications the List only one can be DUE TO d	at caused to use on each of the course of th	the death. Do the line.	Shore 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NA	AND ADDRESS OF FINE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	ch as cardial	CON TESTANDA	atory arrest	246.	Approxim Interval B Onset and Onset	NDING:
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23. PART I Enter the ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if sny, leading to immediate. Enter UNDERLY CAUSE (Disease or In that Initiated events resulting in death) LA  PART II. Other eignification of the condition of the	AL SERVICE LI  diseases, or heart failure.  insi  insi  TO MEDICAL  Pending Investigation  Could not be determined	complications the List only one can be determined by the can be determi	at caused to use on each post of the post	the death. Do the line.  CONSEQUENCE OF CONSEQUENCE	Shore 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 24. Name 25. NAME 26. Name 26. Na	AND ADDRESS OF FI  GN-MAL  TOWN AND ADDRESS OF FI  GN-MAL  TOWN ADDRESS OF FI  PLACE OF DEATH (C  Oma 5   Residence  NJURY AT  WORK?  YES 2   NO  Hice	heck only one)  8 □ Other (Size of the cause to the cause	G. WAS AN A PERFORM  YES 2 (  Specify)  ON (Street art fown, State)	NUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. 1	Approxim Interval & Onset and Onset	NDING TO AUSE
23. PART I Enter the ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if sny, leading to immediate. Enter UNDERLY CAUSE (Disease or In that Initiated events resulting in death) LA  PART II. Other eignification of the condition of the	diseases, or heart failure. insi  At SERVICE U  diseases, or heart failure. insi  titions, ediate films  and condition  To MEDICAL  Pending investigation  Could not be determined  RTIFYING PHYS  DICAL EXAMIN	b. DUE TO  d. DUE TO  d. List only one ca  POUR TO  DUE TO  DUE TO  DUE TO  DUE TO  LIST OF TO  DUE TO	at caused to use on each post of the post	the death. Do the line.  CONSEQUENCE OF CONSEQUENCE	Shore 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 24. Name 25. NAME 26. Name 26. Na	Ing cause given in PLACE OF DEATH (Coma 5   Residence NJURKY AT WORKS 2   NO	heck only one)  281. LOCATI City or  to the cause to the cause time, data ar	G. WAS AN A PERFORM  YES 2 (  Specify)  ON (Street art fown, State)	atory arrest  atory arrest  atory arrest  unitopsy depr  NO  UURY OCCUR  and Number or  ner as stated.	24b. (	Approxim Interval & Onset and Onset	NDING TO AUSE
23. PART I Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentisity list cond if sny, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other eignific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident 3 Suicide 8 4 Homicide  29e. CERTIFIER (Check only one) 2 ME	diseases, or heart failure. insi  Attions, ediate find the find the failure. insi  To MEDICAL  Pending Investigation  Could not be determined  RTIFYING PHYS  DICAL EXAMIN	b. DUE TO  d. DUE TO  d. List only one ca  POUR TO  DUE TO  DUE TO  DUE TO  DUE TO  LIST OF TO  DUE TO	at caused to use on each post of the post	the death. Do the line.  CONSEQUENCE OF CONSEQUENCE	Shore 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 24. Name 25. NAME 26. Name 26. Na	AND ADDRESS OF FI  GN-MAL  TOWN AND ADDRESS OF FI  GN-MAL  TOWN ADDRESS OF FI  TOWN ADDRESS OF F  TOWN ADDR	heck only one)  281. LOCATI City or  to the cause to the cause time, data ar	Ga. WAS AN A PERFORM  YES 2 (  Specify)  HIBE HOW IN  (a) and many	atory arrest  atory arrest  atory arrest  unitopsy depr  NO  UURY OCCUR  and Number or  ner as stated.	24b. (	Approxim Interval B Onset and Onset	NDING TO AUSE

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REGISTRAR		CEF	RTIFIC	ATE OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	AV	YEAR	3. TIME OF DEATH
Frank		Alford				05			991	6:25
4. SOCIAL SECURITY NUMBER 214-14-2439A	5. SEX 6. A	NGE (In yrs. lest bi		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	OF BIRTH b, Day, Year) 0 - 30 -	07	Countr	PLACE (State or Foreign ALABAMA
9e. FACILITY NAME (If not institution, give	street end number)		96	CITY, TOWN C	R LOCATION OF DI				NTY OF D	EATH
454 Ilchester	Street		E	Baltimo	re			Balt	imor	e City
MD 106. COUNT	TY .			TIMORE		Υ				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 454 ILCHEST	ER AVENU	ΙE		101	2121	8		10g. CITI	ZEN OF W	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (	YES 2 NO	ED .	If yes, spi	ENDENT OF HISPAI celty Cuben, Mexica 2 X X X YO Specif	in, Puerto		or No-	14. RACE Black Speci	American Indian, c, White, atc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Give	EDENT'S USU kind of work o NOT use re	,	N at of working	16b	KIND OF BU	SINESS/INC		
7. FATHER'S NAME (First, Middle, Last) EDMOND ALFO	IR D				18. MOTHER'S NA		Middle, Maiden			
190. INFORMANT'S NAME (Type/Print) VIVIAN STAFF		19b. I	MAILING AD	DRESS (Street a	nd Number or Rural	Route Num	ber, City or Tow	m, State, Zip	Code)	D. 21218
20a METHOD OF DISPOSITION TO Burial 2 Cremation 3 Rea		20b. PLACE At	ND DATE OF	DISPOSITION	(Name	DAT	E 20c. LC	CATION —	City or To	wn, State
4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE O	V05H	ELL I		AL PAR		- M . B	ALII	MUK	E, MU.
> Unila	the			WM.C.	. MARCH	F.	1. 11	01 E	. N	ORTH AVE
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEOU  AS A CONSEOU  AS A CONSEOU	ENCE OF):	Jaruiov	ascular	Dise	ase			
PART II. Other significant condition	d	ith but not ree	ulting in t	ha underlying	cause given in	Part i	24e. WAS AM	AITTOREV	246	. WERE AUTOPSY FINDI
							PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 ☐ YES 2 ☒ NO
25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (C/	heck only o				
EXAMINER?  1 XYES 2 NO	HOSPITAL:	/Outpatient 3		THER:	e 5 🗆 Residence					
7. MANNER OF DEATH  Natural 5 Pending	28a. DATE OF INJ (Month, Day, Y		28b. TIME O		URY AT		\$CRIBE HOW	INJURY OC	CURED	
Accident investigation  3 Suicide 6 Could not be determined	26s. PLACE OF IN	JURY — Al home (Specify)	e, ferm, stree			20f. LOC	CATION (Street or Town, State	and Number	r or Rural i	Route Number,
290. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my									
PHE SIGNATURE AND THE OF CENTUR	NER: On the basic of axami	nation and/or im	restigation, i	n my opinion, d	eath occured at the 29c. LICENSE NU		end place, e			a) end manner ee state  (Month, Dey, Year)
the Thy	y, mo				O C M			>	06 0	
tampic 5	PENSI	me	111		Street.	Balt	imore	Mary	land	21201
M. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE POPULA	عاد							
7011 11 1201	1									

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Their death. Page 6 may be retained by the hospital or attending physical TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

# 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

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1	-	FOR STATE REGISTR	AR
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+			

	REGISTRAR		CE	RTIFIC	ATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) KEITH		D.		AGER		2. DATE OF I	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yra. last	hirthelaul E	AGER	IF UNDER 24 HRS.	7. DATE OF E		91	1:02 P M PLACE (State or Foreign
	212-70-6895	1 M 2 F	30	YRS.	HTHS DAYS	HOURA MIN.	1-20-	1961	Country	Md Md
OR	99. FACILITY NAME (If not institution, give 5700 GIST AV			94		ALTIMORE		9c. CO	UNTY OF DI	EATH
<u> </u>	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	Υ		10c. CITY, T	OWN OR LOCAT	ON				10d. INSIDE CITY LIMITS?
DIRECTOR	Md	E.		Ba	altimore					1 NES 2 NO
FUNERAL	100. STREET AND NUMBER 5700 Gist Ave	enue			101.	21215		100	JSA	THAT COUNTRY?
BY FUR	11. MARITAL STATUS 1 Mever Merried 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EX FORCES? 1 I	YES 2 N		If yes, spe	elfy Cuban, Maxica 2 NO Specify	, Puerto Ricar		14. RACE Black Specie	- American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Gh		UAL OCCUPATION done during monetimed.)		16b. KIN	D OF BUSINESS/II	IDUSTRY	, <u>, , , , , , , , , , , , , , , , , , </u>
OM	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middl	le, Maiden Surname)	_	
BE C	Thomas Agero					Joyce 3				
TO B	19s. INFORMANT'S NAME (Type/Print)					nd Number or Rural F			(ip Code)	
F	Joyce Agero					e Baltin				
	20a. METHOD OF DISPOSITION  1) Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State			e oisposition other place) nor 1 al Pa		6391	20c. LOCATION - Arbuti	- City or To	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			March	F/H West Wabash A				
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	NAKCE AS A CONSECUTION AS A CONSECUTION OF THE PROPERTY OF THE	UENCE OF):	INTOXI	CATION				
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEC	UENCE OF):						
DICAL	PART II. Other algolificant condition	na contributing to da	ath but not r	esulting in	tha undariyin	j cause given in	١,	n. WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	т			26. PI	ACE OF DEATH (Ch	eck only one)		-	
SiC	EXAMINER?  ▼▼ YES 2 □ NO	HOSPITAL:	R/Outpatient 3		THER:	• 5XXResidence		pec/fv)		
BY PHYSICIAN: ME	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF IN. (Month, Day,		28b. TIME (	OF 28c. INJ			BE HOW INJURY O	CCURED	200
	3 Suicide 6 Could not be determined	28e. PLACE OF II building, sto		me, farm, stre	et, factory, offic		26f. LOCATIO City or R	ON (Street and Numl own, State)	ber or Rural i	Route Number,
COMPLETED	CONTROL OF THE	SICIAN: To the best of my								s) and manner as stated.
TO BE C	290. BIGNATURE AND TITLE OF CERTIFIC	Jolle A	11/			29c. LICENSE NUI		<b>.</b>		(Month, Day, Year)
		EJR. M	D	н 27) (Nype, P		PENN STRI	EET B.	ALTIMORE	, MAI	RYLAND 2120
	JUN 3 1991	Julia Davids								10



1	-	STATE REGISTRAR

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH DAY	YEAR 3.	TIME OF DEATH
		MARJO	RIE H. ANI	DERSON		MAY	29.1997		:25 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	HRTH	6. BIRTHPLA	CE (State or Foreign
	111 01 0200	1 D M 2 XX	77 YRS.	MONTHS DAYS	HOURS MIN.		9,1914	NEW Y	
NG.	90. FACILITY NAME (If not institution, give stre 201 ST. MARTINS RO				MORE, CIT		9c. COUN	TY OF DEAT	н
5	RESIDENCE OF DECEDENT  10s. STATE 10s. COUNTY		1						
DIRECTOR	MD.		10c. C114	TRAT.TT	MORE, CIT	Y			I. INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER				ZIP CODE	-	16g. CITI	ZEN OF WHAT	4.5
FUNERAL	201 ST. MARTINS RC				212			J.S.A.	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 NO	It yes, sp	ENDENT OF HISPAN city Cuben, Mexica 2 NO Specifi	n, Puerto Rica	pecity Yes or No— n, etc.)	Black, W	American Indien, hite, atc. WHITE
G	15. DECEDENT'S EDUCA (Specify only highest grade or	(TION	16a. DECEDENT'S	JSUAL OCCUPATION OF COMPANY OF CO	ON et of working	16b. KIN	D OF BUSINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	OANALYST			MET T C A T		
M	12 17. FATHER'S NAME (First, Middle, Lest)	88					MEDICAL le, Malden Sumeme)		
	JOSEPH HARLEY				IRENE C				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a			City or Town, State, Zip	Code)	7.5 (500)
오	CAROLE NOLET		9906	BELAIR	ROAD PE	RRY HA	LL,MD, 2	236	
	20e. METHOD OF DISPOSITION		Ob. PLACE AND DATE			OATE	20c. LOCATION —		State
	No Buriel 2 Cremation 3 Removed 4 Donation 8 Other (Specify)		OODLAWN (			5/31	NEW YOR	K N.Y	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	A 1	22, NAME AN	ID ADDRESS OF FA	CILITY	4905 YORK	ROAD	21212
1	mails 3	mil	Lond	HENRY	W. JENK	INS AN	DSONS	BALTII	MORE, MD.
	23. PART I. Enter the diseases, or content fallure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	OUE TO (OR AS	eech line.	1					Approximeta Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF			_			
DICAL	PART II. Other algorificent conditions  Employeema		but not resulting i	n the underlyin	g ceuse given in		PERFORMED?  YES 2 NO	AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO HMPLETION OF CAUSE DEATH?
Z: ME								1 (	YES 2 THO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C)	neck only one)			
SIG		HOSPITAL: 1   Inpatient 2   ER/Ou	utpatient 3 🗆 DOA	OTHER: 4   Nursing Horn	ne 5 P Residence	6 🗆 Other (S	pecify)		
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJUR (Month, Day, Year)	) INJ		URY AT DRK? YES 2 NO	28d. DESCR	BE HOW INJURY OC	CURED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, a pecify)	treet, factory, offic	en .		ON (Street and Number bwn, State)	or Rural Rout	Number,
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC  2 MEDICAL EXAMINER								nd manner ee stated.
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER  M  M	wman			D279	MBER 70 4	29d. DAT	5 - 3 (	orth, Day, Year) 0-91
-	30. NAME AND ADDRESS OF PERSON WHO MARY M. NEWMAN	COMPLETEO CAUSE OF I			SE STREE	T. BAL	TIMORE, MI	. 212	02
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	Andrew						

BALTIMORE, MARYLAND 21215-0020 24 nours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permition, or enrowa.  The medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement contributed by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Provided within 72 hours after death with the State Dept. of Hermann Hyplens prior to burial, certainly. Or removal.  IMPORTANT: If Item 28 is marked, or item 23 shown are not to the marked or item 23 shown are not to the marked. The medical examiner must be notified at once.

31. DATE FILED (Month, Day, Your)

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

	FOR STATE	OF MARYLAND / D	EPARTMENT	OF HEALTH AND I	MENTAL HY	GIENE 9	1 14874
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		TIFICATE	OF DEATH	2. DATE OF DE	G. NO.	3. TIME OF DEATH
	LENDRE ADO	PF			6	2	3. TIME OF DEATH
į	4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M 2	8. AGE (In yrs. lest bit		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIF (Month, Day,	Year)	BIRTHPLACE (State or Foreign Country) ew Jersey
OR	9e. FACILITY NAME (If not institution, give street and num ST. JOSEPH HOSPIT	-		WSON. ME		_	Y OF DEATH
ธ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			, , , , , ,			I di i mana aran
DIRECTOR	Florida Palm Bea		oc. city, town or Boca	Raton, FL			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
FUNERAL	100. STREET AND NUMBER 6805 Willow Wood Dri	ve		33434			N OF WHAT COUNTRY?
BY FUN	1 Never Married 2 No Married FORCE	ECEDENT EVER IN U.S. ARME S? 1 YES 2 NO GIVE WAR OR DATES	H	S DECENDENT OF HISPAI res, specify Cuban, Maxics YES 2 NO Specify	in, Puerto Rican,		4. RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED		16e. DECEI (Give life. Do House	DENT'S USUAL OCC kind of work done du NOT use retired.)	SUPATION ring most of working	Con Sec.	of BUSINESS/INDU	STRY
	12 17. FATHER'S NAME (First, Middle, Last) Abraham Kugel	1.000		18. MOTHER'S NA	ME (First, Middle, de Mand		
BE	19a. INFORMANT'S NAME (Type/Print)	196. 6	IAILINO ADDRESS	Street and Number or Rural	Route Number Cli	v or Town State Zin C	Codel
5	Dr. Jay Levinson	71	.0 Stone	Barn Rd.	Towson,	MD 2120	)4
	20a. METHOD OF DISPOSITION  1 S/Burial 2 Cremation 3 Removal from S  4 Donation 5 Other (Specify)	of cemetary, cri	ematory or other pla Israel		6/4	Woodbrid	
	≥ 1. SIGNATURE OF FUNERAL SERVICE LICENSEE  Dichael P Mar	zuello	He	AME AND ADDRESS OF FA brew Memori 00 Reisters	ial Fune	eral Home	, Inc.
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only of						
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	erebral bles	2	40			Onset and Death
7		Mys Cardial	Marc tron				18 lus.
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUE	ENCE OF):				
RTIFI	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUE	ENCE OF):				
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions contribu	rting to death but not rea	uiting in the und	erlying cause given in		WAS AN AUTOPSY PERFORMEO? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
ż							
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPI*		OTHER				
HXS		DATE OF INJURY		ng Home 6 - Residence		elly) E HOW INJURY OCCI	IRED
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 ☐ YE\$ 2 ☐ NO	74	X.	
	3 Suicide 6 Could not be 4 Homicide detarmined	PLACE OF INJURY — At home building, etc. (Specify)	, farm, street, facto	ry, offica	261. LOCATION City or Tow		r Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the beautiful one) 2 MEDICAL EXAMINER: On the beautiful on the bea						
BE	296. SIGNATURE AND SITLE OF CERTIFIER CAN	well mo		29c, LICENSE NU	IMBER 53	29d. DATE	SIONED (Month, Day, Year) -2-9/
2	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TEO CAUSE OF DEATH (ITEM :	27) (Type, Print)				

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DECEM	EPARTMENT OF I		MENTAL HYG		
	1. DECEDENT'S NAME (First, Middle, Last) JEFFERY	М.	AI	LEN	2. DATE OF DEAT MONTH 05	DAY Y	3. TIME OF DEATH 12:13 A
	4. SOCIAL SECURITY NUMBER 215 – 80 – 2886	5. SEX 8. AGE (In yrs. last bir	thday) IF UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mopth, Day, Yes 0 - 3 - 0	56	BIRTHPLACE (State or Foreign Country) Maryland
OR	9a. FACILITY NAME (If not institution, give : UNIVERSITY HOSPI			ORE CIT		9c. COUNTY	OF DEATH
DIRECTOR	10a, STATE 10b, COUNT	Υ 1	OC. CITY, TOWN OR LOCAL Balti	more C	ity		10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	100. STREET AND NUMBER 2034 Walbro	ook Avenue		7. ZIP CODE 2121		10g. CITIZE	U.S.A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Diverced	12. WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, sp	CENDENT OF HISP secify Cuban, Maxie 3 2 NO Spec	ANIC ORIGIN? (Specifican, Puerto Rican, etc. cily:	y Yea or No— 14	. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	e completed) (Give I	DENT'S USUAL OCCUPATI kind of work done during me NOT use retired.)	ON ost of working		Unemplo	
	17. FATHER'S NAME (First, Middle, Lest) James Aller	1		14	name (First, Middle, Mi rbara	ulden Sumeme) Wallac∈	
TO BE	19a. INFORMANT'S NAME (Type/Print) Carla Lomax	19b. M	2034 Walb	and Number or Rus	Ve Bal	Lown, State MDC	<sup>200)</sup> 21 <b>2</b> 17
	20a. METHOD OF DISPOSITION  1  Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE LI	novel from State of completery, cre Dulan	ematory of other place) ey Valley	Mem.	Pk. D		Valley,MD.
	· Doutha	alecto #28	1 E.L.	Philli			N.Monroe Lto.,MD2121
CERTIFICATION	IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentielly list conditions, if any, feeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Due TO (OR AS A CONSEQUE  C. Due TO (OR AS A CONSEQUE  d.	ENCE OF):	shot	cand	5	Interval Betwee Onset and Deat
MEDICAL	PART II. Other significant conditio	ns contributing to deeth but not res	uiting in the underlyir	ng cause given i	PE	AS AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  155 YES 2 \( \sqrt{N} \) NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 TYPES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpetient 3	OTHER:	PLACE OF OEATH (	Check only one)	A	
BY	27. MANNER OF DEATH  1	28a. DATE OF INJURY (Month, Day, Year) 05/ 25/91	11:40P 1	JURY AT ORK? YES 2 X NO	28d. OESCRIBE H SUBJECT 28f. LOCATION (S City or Town,	WAS SHOT	
COMPLETED	(orison only	SICIAN: To the best of my knowledge, death			lue to the cause(a) an	d manner és stated	
BE	296. SIGNATURE AND TITLE OF CONTINUE			O.C.M.	IUMBER	29d. DATE S	SIGNED (Month, Day, Year) 26/91
5	30. HAME AND ANORESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (ITEM 2		יים בי פיים	BALTIMOR	E MADVI	ND 01000

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last ROBERT	J				AILI	<b>DEATH</b>	2. DATE	OF OEATH	'8 1	959°3	3. TIME OF OEATH 12:11 P M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
217-82-3865	1∑ M 2 □ F	3 '	1 YRS.		DAYS	HOURS MIN.	3/2	2/60		Mar	vland
9e, FACILITY NAME (If not institution, give						OR LOCATION OF D	EATH			ITY OF DE	
7911 ALLENDALE D		-				DOVER				P.	***
Md .	P.G.			ry, town on location ndover							10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1900 Allen	dale Ct			П	101	20785			10g. CITIZ	U.S	THAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced		NT EVER IN U.S. I YES 2 MAR OR DATES	■ NO	lf.	yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Specia	n, Puello		s or No—	14. RACE Black Specif	, White, atc.  y: Black
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		+)	OECEOENT'S (Give kind of life. Do NOT us	work done do se retired.)	CUPATIO uring mo	st of working		. KIND OF BU			
10th 17. FATHER'S NAME (First, Middle, Last)			Paint	er		16. MOTHER'S NA	ME (First,	⊝] f_e Middle, Melder	Sumame)	yved	
Robert L. J	ones										SELECT SERVICE
190. INFORMANT'S NAME (Type/Print) Russell A. Ba			196. MAILING	ADDRESS	(Street o	Florend Number or Rural	Route Num	ber, City or To	vn, State, Zip	Code)	11
20a. METHOD OF DISPOSITION	-	20b. P1.4	CE AND DAT		_		DAT	_	CATION		
1 M Buriel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	of ceme	tary, crematory	y or other pla	ace)	em 5/	25/9	1 Su	itlar	nd . M	Б
21. BIONATURE OF FUHERAL SERVICE I	JOENSEE	)		22 N	AME A	ND ADDRESS OF F	ICII ITY				
23. PART I. Enter the diseases, or shock, or heart failure	r complications the	ratt at caused the	death. Do		H.S	.Washi	ngto	n & 5	Sons,	Inc	Approximate Interval Between
23. PART I. Enter the diseases, or shock, or haert failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentieity list conditions,	s. Due To	at caused the use on each	death. Do ilina.	not antar t	H.S 925 the mo	.Washi	ngto ughs sh ss car	n & 5	Sons,	Inc	Approximate Interval Between
shock, or haert failure iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	s. DUE TO	at caused the use on each	e death. Do silna.	not antar i	H.S 925 the mo	. Washii Burro ode of dying, suc	ngto ughs sh ss car	n & 5	Sons,	Inc	Approximate Interval Between
shock, or haert failure iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentieity itst conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO  C. OUE TO  d.	at caused the use on each of the cause on each of the cause of the cau	e death. Do ilina.	] 4 (not antar if	H.S 925 the mo	. Washi Burro de of dying, suc	ngto ughs sch se cer	AVA diac or resp	N AUTOPSY	Inc	Approximate Interval Between Onset and Death
shock, or haert failure iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL	s. DUE TO  c. OUE TO  d	at caused the use on each of the cause on each of the cause of the cau	e death. Do ilina.	] 4 (not antar if	9 2 5 the modernyin	. Washi Burro de of dying, suc	ngto ughs sch ss car	AVE diac or resp	N AUTOPSY	Inc	Approximate Intervel Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
shock, or haert fellum  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentieity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions	b. DUE TO  C. OUE TO  d.	at caused the use on each of the use on each of the use on each of the use on each of the use on each of the use on each of the use	death. Do line.	not antar (	925 the model of t	Washi Burro de of dying, suc	ngto ughs sh ss csr	AVA diac or resp  24a. WAS A PERFC  12 N ES	N AUTOPSY	Inc	Approximate Intervel Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
shock, or haert failure  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions EXAMINER?  15 YES 2 NO 27. MANNER OF DEATH	S. DUE TO  b. DUE TO  c. OUE TO  d. HOSPITAL:  1   Inpatient 2  26e. DATE O	at caused the use on each of the use on each of the use on each of the use on each of the use on each of the use on each of the use	death. Do ilina.	OTHER 4   Nurse	derlyin  26. Pl  1: sing Hon	Burron  Mashi  Burron  Me of dying, such  Me of dyi	Part i.	24a. WAS A PERFO	N AUTOPSY NAUTOPSY NAUTOPSY NAUTOPSY NO	Inc	Approximate Intervei Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
shock, or haert failure  iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentieity list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART ii. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 1 Pending Investigation 3 Suicide 6 Could not be	b. DUE TO  c. OUE TO  d. HOSPITAL: 1   Inpatient 2  28e. DATE 0  28e. PLACE	at caused the use on each of the use on each of the use on each of the use on each of the use on each of the use on each of the use	o death. Do line.  Do deat	not antar i	derlyin  26. Pi  1:  28c. NW  1	Burron  Mashil  Burron  Me of dying, such  Grause given from  LACE OF DEATH (C)  The S Residence  JURY AT  ORK?  YES ZANO	ngto nghs has car Part i.  beck only of 28d. DE DRI I 28f. LOC. Chy	24a. WAS A PERFC 1XXES	N AUTOPSY PRIMED?  2 NO  INJURY OCK MOTO C and Number	24b.	Approximate Interval Between Onset and Death Death Onset and Death Onset and Death Death Onset and Death
shock, or haert failure  iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentieity list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFIER PARTITION  29e. CERTIFIER 1 CERTIFIER PARTITION  CAUSE (Disease or Injury that initiated events resulting in death)  Suicide 6 Could not be determined	b. DUE TO  c. OUE TO  d. HOSPITAL: 1   Inpatient 2  28e. DATE 0  Month, 5-18  28e. PLACE building	at caused the use on each of the use on each of the use on each of the use on each of the use on each of the use on each of the use	o death. Do line.  Do deat	or the und	the moderlyin  26. Pl  26. Pl  27. In pry, office	Burronde of dying, such distributed distri	Part i.  Part i.  Beck only of the control of the c	24a. WAS A PERFO 12 NES CRIBE HOW. VER O CATION (Street or Fown, State 1 ALL)	N ALITOPSY PAMED?  2 NO  INJURY OCC MOTO and Number ENDALI	Z4b.  CURED ORCYC or Flural F	Approximate Interval Between Onset and Death Death Onset and Death Onset and Death Death Onset and Death
shock, or haert failure  iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 28. VAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER Checks only 1 CERTIFYING PHY	b. DUE TO  c. OUE TO  d. HOSPITAL: 1   Inpatient 2  28e. DATE O (Month) 5 - 18  28e. PLACE building	at caused the use on each of the use on each of the use on each of the use on each of the use on each of the use on each of the use	o death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  STR.  Do death. Do line.  D	or the und	derlyin  26. Pl  28c. Ining Honory, office  we, date	Burron  Inde of dying, such  I	Part i.  Part i.  Book only of the Call De II and I	24a. WAS A PERFO 12 X ES	N AUTOPSY PRIMED?  INJURY OCI MOTO INJURY OCI	Z4b.  24b.  CURED  ORCY  or Rural F  E DR	Approximate Intervel Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
shock, or haert failure  iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 26. Certifier 4 Homicide 6 Could not be determined  29e. CERTIFIER Check only 1 CERTIFYING PMT	B. DUE TO  b. DUE TO  c. OUE TO  d. DISTRIBUTION TO THE BEST OF TH	at caused the use on each of the use on each of the use on each of the use on each of the use on each of the use on each of the use	o death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  Do death. Do line.  STR.  Do death. Do line.  D	or the und	derlyin  26. Pl  28c. Ining Honory, office  we, date	Burron  Inde of dying, such  I	ngto ngto nghs has car  Part i.  Part i.  6  Oth 28d. De DRI 28f. LoCh 79 1 e to the cae e time, dist	24a. WAS A PERFO 12 X ES	N AUTOPSY N AUTOPSY PRIMED? 2 NO INJURY OCC M MOTO of and Number of and Number and due to the	24b.  24b.  Curred ORCYO or Flural F E DR  ted.	Approximate Intervei Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Aurobe.
shock, or haert failure  iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentieity list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFYING PH	B. DUE TO  B. DUE TO  C. OUE TO  d. One contributing to  mos contributing to  List only one ca  B. DUE TO  C. OUE TO  C. OUE TO  C. OUE TO  C. OUE TO  C. OUE TO  D. DUE TO  D. DUE TO  C. OUE TO  D. DUE TO  D. DUE TO  OUE T	at caused the use on each of the use on each of the use on each of the use on each of the use on each of the use on each of the use on each of the use of	o death. Do lina.  DO LINE OF THE PROPERTY OF	orther to the under the un	derlyin  26. Pl  28c. Ining Honory, office  we, date	Burron  de of dying, such  g cause given in  LACE OF DEATH (C)  ne 5 □ Residence  JURY AT  DRK7  YES 2√2 NO  ce  e end place, end du  death occured at th	ngto  ngto  nghs  has car  Part i.  6  Oth  28d. De  DRI  28f. Lo  Ch  79 1	24a. WAS A PERFC 1X X ES  LOS OF TOWN, State of Town, State of Tow	N AUTOPSY PRIMED? 2 NO INJURY OCC MOTO and Number benner as state and due to the	24b.  24b.  CURED ORCY  Or Furni F  E DR  ted.  The cause(e	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Amalable Prior To Completion of Cause of Death?  1 YES 2 NO  CLE / AUTO IM  Route Number,  LANDOVER 2

1	-	FOR STATE REGISTR	A
	LP	ECEDENT'S	h

1 - STATE REGISTRAR	CERTI	FICATE OF		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	1.1			2. DATE OF DEATH MONTH DA	YEAR Y	3. TIME OF DEATH
DOROTHU BUR	Rel			5 31	91	10" A
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthday	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR Cou	THPLACE (State or Foreign
217-22-2168 10 M2)	(F) 79 YRS.	MONTHS DATE	HOURS MIN.	9/03/12	, M	, A.
9a. FACILITY NAME (If not institution, give street and numb	er)	9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
DEATON HOSP, + ME	d CTR	Bali	0	mD.	/	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	40.0					T
mal	106. C	ITY, TOWN OR LOCA	non s			10d. INSIDE CITY LIMITS?
10e, STREET AND NUMBER		15/1/10				YES 2 NO
and the second of	1.10	10	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
4219 - ERAN'II	CEDENT EVER IN U.S. ARMED		21213		H.	> -
1 Never Married 2 Married FORCES	7 1 YES NO	If yes, sp	ecify Cuban, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Bio	CE — American Indian, ick, White, etc.
3 Wildowed 4 Divorced	GIVE WAR OR DATES	1 TYES	NO Specifi	γ:	Sp	ocily:
15. DECEDENT'S EDUCATION	16a. DECEDENT	'S USUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDUSTRY	ey Co
(Specify only highest grade completed)  Elamentary/Secondary (0-12)  College (1-4)	Me Do NOT	of work done during mo use retired.)	ast of working	W. W. Concession		
		service				
17. FATHER'S NAME (First, Middle, Last)	. ^		18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
John NASh	R.		Les	1:e 11	1:11:00	. <
19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	NG ADDRESS (Street	and Number or Rural	Route Number, City or Town	n, State, Zip Code)	-
EAR Burnell	121	9 Fer,	hillA	Ve BAN	p. m/	21215
20s. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Removal from Str	20b. PLACE OF DISP	OSITION (Name of ce	metery, crematory or	20c. LO	CATION — City or	Town, State
1 Donation 6 Other (Specify)	te otherplacey	Tic	menl	on B	2116	mel
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRESS OF FA	CILITY	770	
16 to E	- 111			11.	1.	
23. PART I. Enter the diseases, or complication	Carl John		1991	V. CARI	line	5/
ahock, or heart fellure. List only or	e couse on each line.	not enter the mo	oue or aying, suc	m as cardied or respi	ratory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Fine) disease or condition	1	1211.	/ /	n.		Onset and Dear
resulting in death) a.	rnonie o	DSTAUC	Mue L	uns M	Seuze	years
D	UE TO (OR AS A CONSEQUENCE	OF):				(
Sequentially list conditions, b.	UE TO (OR AS A CONSEQUENCE	00.				
If any, leading to immediate cause. Enter UNDERLYING	DE TO (ON AS A CONSECUENCE	OF):				
CAUSE (Diseese or Injury	UE TO (OR AS A CONSEQUENCE	OFI:				<u> </u>
that initiated eventa resulting in deeth) LAST		/-				j
d						
PART II. Other aignificent conditions contributi	ng to death but not resulting	underlying the underlying	g cause given in	Part i. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDING
ANOVIC GNC	photogratt	14		1 TYES 2		COMPLETION OF CAUSE OF DEATH?
sellare des	on dei	_				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF OEATH (Ch	eck only one)		
11001112	NL: nt 2 ER/Outpatient 3 DOA	OTHER:	ne 5 🗆 Residence	a Other (Specify)		
/M	NTE OF INJURY 26b. Torith, Day, Year)		JURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
1 Netural 5 Pending 2 Accident Investigation			YES 2 NO			
3 Suicide a Could and by 26e, PL	ACE OF INJURY — At home, farm	n, street, factory, offic	:0	28f. LOCATION (Street a City or Town, State)	and Number or Aura	Il Route Number,
4 Homicide determined	, con (aposity)			City or rown, Guiley		
29a, CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	pest of my knowledge, death occu	erred at the time, date	and place, and due	to the cause(s) and mar	mer as stated.	
ana)	la of examination and/or investiga					e(s) and menner as stated.
29b, SIGNATURE AND TITLE OF CERTIFIER						
1111111111	1 Mm Are	1/12	29c. LICENSE NUI	(77	DATE SIGN	ED (Mogth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETE	D CAUSE OF DEATH OTEM 37 (7	ma Print)	10111	022	1)	0 0
H.L. MUNCUL	TA NA h	/ //	5. Ch	en/es	57 1	Salta da
	GISTRAR'S SIGNATURE	1011		0-0(0)	1	40,000
32.76	. A Grand or Grand on the				,	

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four sater death. Page 6 may be ratained by the hospital or attending the property of the property filed in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: It less 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 2120

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010	with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ried, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPA CERTI	ARTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	. 1070
1. DECEDENT'S NAME (First, Middle, Lest)	E. BRIST		2. DATE OF DEATH DAY	YEAR S. TIME OF DEATH ALL
4. SOCIAL SÉCURITY NUMBER  2 1 9 0 1 6 2 8  9a. FACILITY NAME (If not institution, give si	5. SEX  1 M 2 F  8. AGE (In yrs. leet birthde  7 YRS.  reet and number)		7. DATE OF BIRTH (Month, Day, Year) 6 - 9 - 16  EATH 9c. CI	8. BIRTHPLACE (State or Foreign Country) 5 , C ,
MERCY HOSPI	TAL	BALTIMORE,	MD	
10a. STATE 10b. COUNTY		CITY, TOWN DR LOCATION ALTIMORE, CITY		10d. INSIDE CITY LIMITS? 1 VES 2 \( \text{ND} \)
100. STREET AND NUMBER  1 SKIPWORTH (	COURT	101. ZIP CODE 21228	10g. (	USA
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ 00 IF YES, GIVE WAR OR DATES			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11 T H	College (1-4 or 5+) (Give kind iffe. Do NOT	T'S USUAL OCCUPATION of work done during most of working ruse retired.)  SEWIFE	16b. KIND OF BUSINESS/	INDUSTRY
17. FATHER'S NAME (First, Middle, Last)  JOSEPH C. QUI	ıck		AME (First, Middle, Malden Surnam	
194. INFORMANT'S NAME (Type/Print)  CARRIE LANGLE	19b. MAILI	ING ADDRESS (Street and Number or Rural KIPWORTH CT./B	Route Number, City or Town, State,	Zip Code)
20a, METHOD OF DISPOSITION A A Burtal 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	20b. PLACE OF DISI	POSITION (Name of cornetery, cremetory or ORE CEMETERY	20c. LOCATION	- City or Town, State MORE, MD
21. SIGNATURE OF FUNERAL SERVICE LIC		22. NAME AND ADDRESS OF F	ACILITY	. NORTH AVE.
	e. CARDIAC  DUE TO (OR AS A CONSEQUENCE	ARREST		Approximate Interval Betwee Onset and Dear
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE	ic Adeno corc	ENOMA WAL	Gusem Mory
PART II. Other algnificant condition	a contributing to death but not resulting	ng in the underlying cause given in	1 Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 ND	AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL, EXAMINER?	HOSPITAL: 1 / inpfitient 2   ER/Outpetient 3   DO/	26. PLACE OF DEATH (C		
27. MANNER OF DEATH  1  Natural 8 Pending 2 Accident Investigation		TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	26d. DESCRIBE HOW INJURY	OCCURED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, far building, etc. (Specify)	m, street, factory, office	26f. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,
anal and	CIAN: To the best of my knowledge, death occ R: On the basis of examination and/or investig			
29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WITH	R	29c. LICENSE N	7930 P	DATE SIGNED (Month, Day, Year)
30/ St. See	Place Bolti	W010 Med 212	02 MARVIN	V FELDHAN, 14
JUN 3 1991	34 REGISTRAR'S SIGNATURE Fulia Deviden - Anda			

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BALTIMOKE

DIVISION

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND / D		MENT OF				MENTA	L HYGIEN	E	7 !	14879
	1. DECEDENT'S NAME (First, Middle, Lest) David M. Buff	inoton							MONTI	of DEATH DA		YEAR	3. TIME OF DEATH 11:15 A M
	4. SOCIAL SECURITY NUMBER 215-26-1926	5. SEX 1 M 2 F	6. AGE (In yrs. last bit		IF UNDER 1 YE	_	OURS	MIN.	7 DATE	OF BIRTH h, Day, Year) 8/30		6. BIRTH Country	PLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give st 1607 Ridge Roa			1	Cato					.,		NTY OF DI	
FUNERAL DIRECTOR	nesidence of decedent 10m. STATE 10m. STATE 10m. STATE Maryland Balt		1		TOWN OR LO						7		10d. INSIDE CITY LIMITS? 1 YES XX NO
BAL C	100. STREET AND NUMBER 1607 Ridge Roa						P CODE	228				J.S.	THAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	IT EVER IN U.S. ARME XYES 2 NO WAR OR DATES	0	If you	s, specif	DENT OF	F HISPAN	IIC ORIGIN	i? (Specify Yea Rican, atc.)		14. RACE	- American Indian, , white, atc. by: White
COMPLETED	15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) UNKINO	College (1-4 or 5	(Give life. Do	kind of wo NOT use	SUAL OCCUP rk done during retired.)	PATION g most o	d working	,		EMMES			& Semmes
BE CO	17. FATHER'S NAME (First, Middle, Last) Clarence E. B	uffingt					Ida	De	vil	Middle, Meiden biss			
10	Mrs.Barbara A.	Buffir									e, N	1d.	21228
	20e. METHOD OF DISPOSITION 1		20b. PLACE AN of cemetary, cri	ematory o	r other place,	)		6	0AT	91 B	cation — alti		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /			Ste	erl	ing	As nds	hto	n Fun Ave.B	eral alto	Ho.	me, Inc. d. 21228
	23. PART I. Enter the diseases, or shock, or heart fallure.  IMMEDIATE CAUSE (Final disease or condition	List only one ce	use on each line.		t antar the								Approximate Interval Between Onset and Death
	resulting in death)	DUE TO	ENAL F.	ENCE OF)	:								21/2 mo.
ATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	HROMBOCO OR AS A CONSEQUI	ENCE OF)	:	MA							6 mo.
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	oue To	(OR AS A CONSEQUE	ENCE OF)	:								
PHYSICIAN: MEDICAL C	PART II. Other significent condition	s contributing to	death but not res	ulting in	the under	rlying o	ause g	iven in	Part i.	24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐	DOA	2 OTHER: 4   Nursing	-	- 0		B C Othe				
ВУ РНУ	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE O	F INJURY Day, Year)	26b. TIME INJU	OF 280	c. INJUR	Y AT			SCRIBE HOW	NJURY OC	CURED	d= 0
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY At home , etc. (Specify)	, form, et	reet, factory,	offica			261. LOC City	CATION (Street or Town, State,	and Numbe	r or Rural i	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE												s) and manner as stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	M				2	ee. LICE	NSE NU	MBER		29d. OAT	11.1	9 (Month, Day, Year)

ONCOLOGY

CENTEL

30. NAME AND ADDRESS OF PERSON
ATUL BEDI MI

31. DATE FILED (Month, Day,

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32. REGISTRAR'S SIGN

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	4. SOCIAL SECURITY NUMBER			INDER 1 YEAR		7. DATE OF BIRT (Month, Day, )	30 9/ TH 8.	BIRTHPLACE (State or F
	213-34-4111	1 1 1 1 5	3 YRS. MONT		R LOCATION OF DEA	10 1	737 9c. COUNTY	MD.
S RO	90. FACILITY NAME (IN not institution, gh	V HOSDICE			10RE C		Se. COUNTY	. OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COU		10c, CITY, TOV	WN OR LOCATI			-y	10d. INSIDE CIT LIMITE?
ERAL (	10e. STREET AND NUMBER	RICHEY H	ouse.		. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	If yes, spe	ENDENT OF HISPANIC ecity Cuben, Mexican, 2 NO Specify:	, Puerto Rican, e	rtc.)	Black, White, etc. Specify;
LETED	15. DECEDENT'S E (Specify only highest g Elementary/Secondary (0-12)		16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir BREWER!	done during mos ired.)	ON st of working ORKER		OF BUSINESS/INDUS	SREWERY
COMPL	7TH  17. FATHER'S NAME (First, Middle, Last)  LUTHER L				18. MOTHER'S NAM  CARK	NE (First, Middle,		
TO BE	19e. INFORMANT'S NAME (Type/Print)	BULLINGER	19b. MAILING ADD		and Number or Rural Ro	oute Number, City	or Town, State, Zip Co	
	20s. METHOD OF DISPOSITION 1 General Burlet 2 Cremation 3 General Donation 5 Other (Specify)	20	Ob. PLACE OF DISPOSITION other place)  METRO	N (Name of cen	metery, cremetory or	Y	BALT	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	20	22, NAME AN	ELLY FUN	ERAL P	HOME OF	T MD 212
	IMMEDIATE CAUSE (Final	are. List only one couse on	ed the Ceath. Do not a	enter tha mo	da of dying, such	aa cardiac o		
4	III disease or condition	HALDRAC	DACI MORE	2	Kertu	M		I la n
NO	disease or condition resulting in death)  Sequentielty list conditions,	DUE TO (OR AS	A CONSEQUENCE OF:	2 of	Kectu	M		6 n
CATION	resulting in death)	b		24	Kectu	M		6 n
ERTIFICATION	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	A CONSEQUENCE OF):	r of	Kectu	M		6 n
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	A CONSEQUENCE OF):  A CONSEQUENCE OF):	,		Part I. 24a.	WAS AN AUTOPSY PERFORMED? YES 2 \( \square\) NO	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION O OF DEATH?  1 YES 2
: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF):  A CONSEQUENCE OF):	ha undariyin		Part I. 24s.	PERFORMED?	24b. WERE AUTOPSY AMALABLE PRIO COMPLETION OF OF DEATH?
SICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.  HOSPITAL: 1   Inpatient 2   ER/O	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the	ha undariyin 26. Pi TUER:	g cause given in F	Part I. 24a. 1 □ seck only one) a □ Other (Spec	PERFORMED? YES 2 □ NO	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OI OF DEATH? 1  YES 2
HYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond	DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. Itions contributing to death  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the conse	26. PI	g cause given in F	Part I. 24a. 1 □ seck only one) a □ Other (Spec	PERFORMED? YES 2 NO	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OI OF DEATH? 1  YES 2
TED BY PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES  Note:  Natural 5 Pending	DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. Itions contributing to death  NL HOSPITAL: 1   Inpetient 2   ERVOL  28e. DATE OF INJUR (Month, Dey, Year  the be	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the conse	26. PI THER:  THER:  TURNING Hom M 1	LACE OF DEATH (Cho	Part I. 24a.  1   beck only one)  a Other (Specaled, OESCRIBE	PERFORMED? YES 2 NO  city) E HOW INJURY OCCU	24b. WERE AUTOPSY AMALABLE PRIO COMPLETION OI OF DEATH? 1 YES 2
APLETED BY PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other algnificant conditions conditions is resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES  NO  27. MANNER OF DEATH  Natural  2 Accident  3 Suicide 4 Homicide  296. CERTIFIER (Check only	DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. Itions contributing to death  NL HOSPITAL: 1   Inpetient 2   ERVOL  28e. DATE OF INJUR (Month, Dey, Year  the be	A CONSEQUENCE OF):  A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B DOA  The property of the consequence of t	26. PI TUER: **Sursing Horn  F 28c. IN M 1  st, factory, office	Ig cause given in f	Part I. 24a.  1 □  sck only one)  a □ Other (Special OESCRIBE  28f. LOCATION City or Tow  to the couse(e)	PERFORMED? YES 2 NO  City) E HOW INJURY OCCU I (Street and Number of n., State)	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OI OF DEATH?  1 YES 2   JREO  W Flural Route Number,
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other algnificant conditions conditions is resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES  NO  27. MANNER OF DEATH  Natural  2 Accident  3 Suicide 4 Homicide  296. CERTIFIER (Check only	DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  B A CONSEQUENCE OF):  but not resulting in the consequence of the co	26. PI THER: Shursing Horn F 28c. IN. M 1  1  1  1 the time, deten	Ig cause given in f	Part I. 24s.  1 []  ack only one)  a [] Other (Specariost Chy or Town Chy or Town to the ceuse(e) time, date and g	PERFORMED? YES 2 NO  City) E HOW INJURY OCCU  I (Street and Number of m, State)  and manner as stated place, and due to the	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OI OF DEATH?  1 YES 2   JREO  W Flural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other algnificant conditions conditions is resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES  NO  27. MANNER OF DEATH  Natural  2 Accident  3 Suicide 4 Homicide  296. CERTIFIER (Check only	DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  B A	26. PI THER: Shursing Horn F 28c. IN. M 1  1  1  1 the time, deten	LACE OF DEATH (Che The 5 Residence of JURY AT ORK? YES 2 NO Ce e and place, end due deeth occurred at the	Part I. 24a.  1	PERFORMED? YES 2 NO  City) E HOW INJURY OCCU  I (Street and Number of n., State) and manner as state- place, and due to the	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION DI OF DEATH? 1 YES 2   JREO  JREO  or Flural Route Number,  ed. o cause(e) end manner a

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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מוכיווסווי, יווסוווים	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The management of the design of the hos	TO THE FUNERAL DIRECTOR: After this certificate was the manual by the attending physician and completely filled in by the funeral director, page 5 should be detach by filled with the State Dutt. of Hardh and Mental Motiene prior to burlat, cremation, or removal.	IMPORTANT: If them 28 is marked, or last 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF THE PROPERTY CO. DON 19149,	0 7	TO THE FUNERAL DIRECTOR: After this certificate was the manufactor the attending physician and completely filled in by the it is find with the State Dust of Harm and Memal Hogiere prior to burial, cremation, or removal,	=
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1 - STATE REGISTRAR	eri			CERTIFIC	JANIE 01	DEATH	1	REG. NO.	-	I
1. DECEDENTA NAME GAII	М.	CAPERO	NC				2. DATE OF MONTH	30	CYEAR	3. TIME OF DEATH  5.40 PM
4. SOCIAL SECURITY		5. SEX			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH Dar Monel	Cour	THPLACE (State or Foreign ntry)
219-26-6		1 🗆 M 2/04	55	YRS.				9-1936		yland '''
Bon Séco				Car Caraca		more C:		9c. (	COUNTY OF	DEATH
RESIDENCE OF		P.		-	Daiti	more c.	LCy			-
10e. STATE	10b. COUNT	ry		10c, CITY	TOWN OR LOCA	TION				10d. INSIDE CITY
Md.	Anne	Arunde	1	Pas	sadena					★₩ YES 2YO
8338 Fai		Dr.,			10	21122			J.S.A	WHAT COUNTRY?
11. MARITAL STATUS	,	12. WAS DECEDEN				CENDENT OF HISP			- 14. RA	CE — American Indian,
1 Never Married 3 Widowed 4		FORCES? 1 IF YES, GIVE W				Decify Cuban, Mexi S 2 NO Spec		an, atc.)	Sne	and M
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(Speci	NOECEOENT'S ED	le completed)		(Give kind of wor life. Do NOT use	rk done during me		16b. K	IND OF BUSINESS	INDUSTRY	
Unknown		College (1-4 or 5 +	,		ce Wo	rkor	C	ar Deal	or	
17. FATHER'S NAME (F				OIII	ce wo.			idle, Maiden Surnan		
Walter	Langha	mmer				Edna	MIcha	aels		
19a. INFORMANT'S NA				19b. MAILING A	DDRESS (Street	and Number or Run	I Route Number	City or Town, State	, Zip Code)	
Leslie	G. Cap	eroon		8338	Fairw	ood Dr	, Pasa	adena, M	1d. 2	21122
20a. METHOD OF DISF	POSITION	noval from State	ott	LACE OF DISPOSIT				20c. LOCATION		
4 Donation 5 🗆			C-	coon Mo	unt C	remato	~ 17	I DAlte	MI	1
			GI	een MC			*	BAlto	· FIIL	•
21. SIGNATURE OF FU		ICENSES	_ GI	Leen MC	22. NAME A	ND ADDRESS OF	FACILITY		-	
23. PART I. Enter t shock, IMMEDIATE CAUSI disease or conditi	he diseases, or or heart failure E (Final	complications that	t ceused th	ne death. Do no	22. NAME A Brad 2134 t enter the mo	ND ADDRESS OF ley-Asl Willow ode of dying, as	racility nton I w Spri	Funeral ing Rd.	Hom Dun	ne, Inc. adalk, Md.21 Approximate Interval Between Onset and Death
23. PART I. Enter to shock, IMMEDIATE CAUSt disease or condition resulting in death)  Sequentially list or if any, leading to it.	the diseases, pror heart fellure	complications that	t ceused th	ne death. Do no	22. NAME A Brad 2134 t enter the mo	ND ADDRESS OF ley-Asl Willow ode of dying, as	racility nton I w Spri	Funeral ing Rd.	Hom Dun	ne, Inc. adalk, Md.21
23. PART I. Enter t shock, IMMEDIATE CAUSI disease or conditi- resulting in death) Sequentially list or	the diseases, proor heart feiture E (Final on	a. Due 100 b. Car du Due 100 c. Usher	t ceused these protection of the protection of t	ne death. Do no	22. NAME A Brad 2134 t enter the mo	ND ADDRESS OF ley-Asl Willow ode of dying, as	racility nton I w Spri	Funeral ing Rd.	Hom Dun	ne, Inc. adalk, Md.21
23. PART I. Enter to shock, IMMEDIATE CAUSI disease or condition resulting in death)  Sequentielly list or if any, leading to it cause. Enter UNDI CAUSE (Disease or that initiated even	the diseases, pror heart fellure E (Final on	a. Due 100 b. Car du Due 100 c. Usher	(OR AS A CO	ONSEQUENCE OF:	22. NAME A Brad 2134 tenter the mo	ND ADDRESS OF ley-Asl Willow ode of dying, as	Part I. 2	Funeral ing Rd ic pr respiratory	Hom, Dur,	ne, Inc. adalk, Md.21
23. PART I. Enter to shock, IMMEDIATE CAUSI disease or condition resulting in death)  Sequentially list or if any, leading to it cause. Enter UNDI CAUSE (Disease of that initiated event resulting in death)  PART II. Other signature.  25. WAS CASE REFERENCE.	the diseases, pror heart feilure E (Final on	a. Due to b. Due to c. Due to d. Due to	(OR AS A CO	ONSEQUENCE OF:	22. NAME A Brad 2134 to enter the modern the underlying MC	ND ADDRESS OF 1 EY - AS 1 Willow ode of dying, so	in Part !. 2	Euneral ing Rd ic pr respiratory	Hom, Dur,	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
23. PART I. Enter to shock, IMMEDIATE CAUSI disease or condition resulting in death)  Sequentially list or if any, leading to it cause. Enter UNDI CAUSE (Disease of that initiated even resulting in death)  PART II. Other significant in the s	conditions, mmediate FRLYING r injury is LAST	a. Due to b. Due to c. Due to d. Due to	(OR AS A CO	ONSEQUENCE OF:	22. NAME A Brad 2134 to enter the modern the underlying the underl	Millor Ode of dying, at  A Class  The control of th	in Part I. 2 Check only one)	Funeral ing Rd ic or respiratory	Hom, Dur,	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
23. PART I. Enter to shock, IMMEDIATE CAUSI disease or condition of the second state o	the diseases, or or heart failure E (Final on	complications the List only one cau  a. DUE 90 b. CA CL  DUE TO  d. DUE TO  d. HOSPITAL: 1   Impetient 2   2   2   2   2   2   2   2   2   2	(OR AS A CO	ONSEQUENCE OF:	22. NAME A Brad 2134 to enter the modern the underlying the underl	The Address of I ey - As I ey - As I will over the As I ey - As I will over the As I ey - As I e	in Part I. 2 Check only one)	Funeral ing Rd ic or respiratory	Hom, Dun,	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
23. PART I. Enter to shock, IMMEDIATE CAUSI disease or condition of the second state of the second s	the diseases, or or heart failure E (Final on	a. DUE 10  b. DUE 10  c. DUE TO  d. DUE TO  d. HOSPITAL: 1)El Impetient 2 [28a. DATE OF (Month, D.	(OR AS A CO	ONSEQUENCE OF:	the underlying to here:	Millor Description  Millor Ode of dying, so  t Class  The Company of the Company	in Part I. 2 Check only one)	Funeral ing Rd ing Rd ic or respiratory PERFORMED? YES 2 No	Hom, Dun,	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
23. PART I. Enter to shock, IMMEDIATE CAUSI disease or conditive control of the c	the diseases, pror heart fellure E (Final on	DUE TO  DUE TO	(OR AS A CO	DATE OF STATE  the underlying to the University of the Universi	MILLON DODGE OF DEATH ( THE STORTS OF Residence of DEATH ( THE STORTS OF RESIDENCE OF DEATH ( THE STORTS OF RESIDENCE OF DEATH ( THE STORTS OF	In Part I. 2 Check only one)  6 G Other (	Funeral ing Rd ing Rd ic or respiratory PERFORMED? YES 2 No	Hom , Dun, arrest,	Approximate interval Between Onset and Death Death Onset and D	
23. PART I. Enter to shock, IMMEDIATE CAUSE disease or conditive suiting in death)  Sequentially list of if any, leading to it cause. Enter UNDI CAUSE (Disease or that initiated even resulting in death)  PART II. Other signal in the signal	the diseases, or or heart failure E (Final on bonditions, mmediate ERLYING FILAST    I AST    I AST    Pending Investigation    C Ould not be determined    Centrifying Phy	complications the List only one cau  a. DUE 10 b. CA CL  DUE 10 c. DUE TO d. DUE TO d. DUE TO 28a. DATE OF (Month, D  28a. PLACE O building.	(OR AS A CO (OR AS	onsequence of the control of the con	the underlying the Nursing Hoo.  22. NAME A Brad. 2134  the and 2134  the underlying the and 2134  the underlying the and 2134  the underlying the and 2134  26. POTHER:  1   Nursing Hoo.  OF RY   1   1   1   1   1   1   1   1   1	Millor Ode of dying, at  t Cluse  The control of th	in Part I. 2 Check only one)  6   Other (	Euneral Ing Rd Ing Rd Ic or respiratory PERFORMED? YES 2 No. Specify) RIBE HOW INJURY TON (Street and No. Town, State)	Hom, Dur, arreat,	Approximate interval Between Onset and Death Death Onset and D
23. PART I. Enter to shock, IMMEDIATE CAUSE disease or conditive suiting in death)  Sequentially list of if any, leading to it cause. Enter UNDE CAUSE (Disease o that initiated event resulting in death)  PART II. Other sign of the condition of the cause of the caus	the diseases, pror heart feilure  E (Final on	complications the List only one cau  a. DUE 90 b. CA CL  DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO 28a. DATE OF (Month, D 28a. DATE OF building, SICIAN: To the best of every one of the basis of e	death but    Characteristics	ne death. Do no no fine.  At home of the last of the l	the underlying the action of RY in my opinion,	Millor Ode of dying, at  t Cluse  The control of th	In Part I. 2 Check only one)  a 6 Other  284. DOOR	Euneral Ing Rd Ing Rd Ic pr respiratory Ic pr re	PSY 2. OCCURED on the cause to the cause	Approximate interval Between Onset and Death  Approximate interval B

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first after death. Page 6 may be retained by the hospital on agreeding physician and completely filled in by the funeral director, page 5 should be detached to be at the bunta-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE

Fe U.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Davidson-Rinder

Porciuncula

1991

ı,	FOR STATE REGISTRAR	STATE OF MARYLAND /		RTMENT					IYGIENE					
	1. DECEDENT'S NAME (First, Middle, Last)	0.		IOAIL	<u> </u>	DEAL		2. DATE OF	DEATH			3. TIME OF	DEATH	1
		unningham				4		монтн 05	2 i		991	12:0	12	7. M
	4. SOCIAL SECURITY NUMBER 212 34 0789	5. SEX 6. AGE (fn yrs. les	t birthday) YRS.	IF UNDER 1	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, De	BIRTH	0 1	0. BIRTH	HPLACE (SINO	or Fore	olgn
ļ	9a. FACILITY NAME (If not institution, give st	26	-	9b. CITY,	TOWN O	R LOCATIO	ON OF DE		.0 37	9c. COL	JNTY OF D	DEATH		
Œ												nton		
5														
DIRECTOR	MD .		10c. CIT	Bal		nore					241	10d. INSIDE LIMITS 1 X YES	?	40
A	10e. STREET AND NUMBER				10f.	ZIP CODE				10g. CI		WHAT COUNT	RY?	
EB	1537 Poplar (	Grove St.				212	16				U.	S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2 THE YES, GIVE WAR OR DATES	RMED NO	11	yes, spe			NIC ORIGIN? (S in, Puarto Rica y:		or No—	14. RAC Blac Spec	E — American ck, Whita, atc. city: B1 a		
	15. DECEDENT'S EDUC (Specify only highest grade	CATION 18a, DE		USUAL OC				16b. KII	ND OF BUS	INESS/IN	OUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ive king or i. Do NOT u	work done d se retired.)	unng mo	st or workin	ю		Tı	rucl	k Dr	iver		
OM	17. FATHER'S NAME (First, Middle, Lest)					18. MOTI	HER'S NA	ME (First, Midd	lle, Maiden :	Surname)				
	Erskine Cu	nningham					Al	verta	ı Dur	nlap	9			
TO BE	19a. INFORMANT'S NAME (Type/Print)  Bernard Cunn	ingham Apt121	743 (	ADDRESS	(Street a	nd Number Le H	or Rural	Road	City or Town	lto	(p Code)	. 212	218	3
			-								-	own, Stata		_
	26s. METHOD OF DISPOSITION  1 Burial 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)		MT.	Zic	on (	Ceme	ter	У	- 2	Ba	lto.	,MD.		
	21. BIGHTURE OF FUNERAL SERVICE LIC	4 .	#281	L E.	L.	Phil	lip	St.	1 172 Bal	21 <b>-</b> 2 1to	27 N .,MD	. Moni	20e	7
	21. BIGMATHRE OF FUNERAL SERVICE LICENSEE  #281  22. NAME AND ADDRESS OF FACILITY F / H 1721-27 N. Monroe E.L. Phillips St. Balto., MD. 21217  23. PART I. Enter the diseases, Dr complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, interval Between Onset and Death diseases or condition  #281  **E.L. Phillips St. Balto., MD. 21217  **Approximate Interval Between Onset and Death diseases or condition  **The condition of the co												ita itween Death	
	resulting in death)	DUE TO (OR AS A CONSE			.011				•	Less	tha	11 1	hr	
NO	Sequentially list conditions,	Suspected acu			dia	l in	farc	tion				1		
Ę	If any, leading to immediate cause. Enter UNDERLYING	1-2-10-10-10-10-10-10-10-10-10-10-10-10-10-		,										
CERTIFICATION	CAUSE (Disease or Injury thet initiated events resulting in death) LAST	OUE TO (OR AS A CONSE	OUENCE C	OF):										
핑														
PHYSICIAN: MEDICAL	Diabetes mell:		reaulting	in the un	derlyin	g cause i	given in		PERFOR	MED?	24	b. WERE AUTO AMAILABLE I COMPLETIO OF DEATH?	PRIOR 1	TO AUSE
2								_				1 TYES	z 📙 N	Ю
N N	25. WAS CASE REFERRED TO MEDICAL				28. PI	LACE OF D	EATH (C/	heck only one)						
2	EXAMINER?  1 YES 2 NO	HOSPITAL:	3 🗆 DOA	OTHER	<b>1</b> :			8 Other (S	anolls)					
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	1	28c. INJ WC	URY AT		28d. DESCR		NJURY O	CCURED			
ED BY	2 Accident Investigation 28s PLACE OF INJURY — At home farm street factory office. 28s LOCATION (Street and Number or Bural South Number													
<u>L</u>														
COMPLET	cool only	CIAN: To the best of my knowledge, d										(a) and manne	r as st	iated.
ŏ	29b. SHATURE AND TITLE OF CERTIFIE	8				29c. LIC	ENSE NU	MBER		29d. D/	ATE SIGNE	D (Month, Day	Wherl	

D12642

1500 Pennsylvania Ave., Hag. Md. 21740

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	1. 0	ECE	DENT	'S	N

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT	IFICA	TE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las AN		DOBRY				2. DATE MONTH May	of DEATH 31,	<b>" 1</b> 9	9 <sup>6</sup> 1 <sup>n</sup>	3. TIME OF DEATH 7:50 p
4. SOCIAL SECURITY NUMBER 212-74-6668	5. SEX 6. AGI	(In yrs. lest birthdo	MONT	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month)	DE BIRTH , Day, Year)	1895		Penna Penna
9a. FACILITY NAME (If not institution, given			9b. (		or Location of ltimore			9c. COU	NTY OF DE	АТН
RESIDENCE OF DECEDENT  10e, STATE 10b, COUR	ITY	100	CITY TOW	/H OR LOCA	TION				T	10d. INSIDE CITY
Maryland  100. STREET AND NUMBER	Maryland					City				LIMITS?
3312 E. Nor						21206	. 3	Unit	ed S	tates
11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO		If yes, s	CENDENT OF HISF pecify Cuben, Max 3 2 NO Spe	ican, Puerto F		or No-	14. RACE Black Specifi	- American Indien, White, etc.
15. DECEDENT'S El (Specify only highest gre Elementary/Secondary (0-12)		Me. Do NO	it's usual of work of or use retire	one during m ed.)	ON ost of working	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S	NAME (First A	Airlylla Mairlen	Sumamal		
Jacob		Kroche	eski		Called Miles	TOME (FRSI, I	mode, Meloeri		: Kno	wn )
190. INFORMANT'S NAME (Type/Print)				100 / Street	Rose	of Goude Mumb	ne Chu or Tou			WIII
Florence M. Car	ter				thern P		Balti			21206
20e. METHOD OF DISPOSITION 1		20b. PLACE AND E	DATE OF E	ISPOSITION	N (Name	DATI	20c. LO	CATION -	City or Ton	wn, State
4 Donation 5 Other (Specify)		Holy Re	deem		6/3/91				_	Maryland
21. SIGNATURE OF FUNERAL SERVICE	Milton J	Knight Jr			and J.	D			-	and 21214 rd Road
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b DUE TO (OR AS	S A CONSEQUENCES  A CONSEQUENCES  A CONSEQUENCES	E OF):							
resulting in deeth) LAST  PART II. Other algorificent condit	d.	but not needed	la - ta éb			to Book I	04- 1400 41	I MITTOGOV	100	WERE AUTOPSY FINDING
PART II. Other arginicent condit	ons contributing to death	Dut not result	ing in the	undenyii	ng cause given		24a. WAS AN PERFO	RMED?	240.	MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T			26 1	PLACE OF DEATH	(Check only or	nel			
EXAMINER?	HOSPITAL:	identification 2 - DC	ОТ	HER:	me 5 Plealden					
27. MANNER OF DEATH  1 ■ Natural 5 □ Pending	28e. DATE OF INJUR (Month, Day, Year	Y 28b.	TIME OF	26c. IN	IJURY AT YORK? YES 2 NO	_	CRIBE HOW	INJURY OC	CURED	
2 Accident investigation 3 Suicide 6 Could not determined	28e. PLACE OF INJU building, etc. (S	RY — At home, fa	rm, street	factory, off	ice	281. LOC City	ATION (Street or Town, State	end Numbe	or Rural R	loute Number,
anal	YSICIAN: To the best of my kn INER: On the basis of examina									) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFICATION OF THE STATE OF	. ( ) (M)	)	Otana Pul		D 2	0 68 2	8	29d. DAT	6/3	(Month, Day, Year)
Dr. Carl S. Fr	iedman M.D.	660 Keni			ive. B	altimo	re, Ma	aryla	ind	
JUN 3 1991	32. REGISTRAR'S SI									

X

S. P.O. BOA 607 60, BALLIMORE, WALLIMORE, WALL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the control of the c	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 showing	intal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, 7:0. BOX 88/89,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed b	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any

Carl Sperling

31. DATE FILED (Month, Dey, Year)

JUN 0 3 1991

July Day doon King 1992

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND C	DEPAR ERTIF					MENTAL	HYGIEN REG. NO	_		
,	1. DECEDENT'S NAME (First, Middle, Last) Helen	B. Do	wney						2. DATE C	D		YEAR 3.	945 M
	4. SOCIAL SECURITY NUMBER 220-18-4511	5. SEX 1 ☐ M 2 🂢 F	6. AGE (In yrs. In 94	st birthday) YRS.	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE O (Month, JUNE			Country)	ACE (State or Foreign PENN.
Он	9a. FACILITY NAME (If not institution, give st Long Green N.	H .					L MOL					Y OF DEAT	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	ry, town		MORE	E,CI	ΓΥ				Od. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 115 EAST MELROSE	AVE.				10	. ZIP COD		21212		10g. CITIZI	U.S	.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, OIVE V		RMED NO	13.	WAS DEC If yes, sp 1 - YES	ENDENT Cube	OF HISPA on, Mexica Special	NIC ORIGIN? an, Puarto Ri ly:	(Specify Yelcan, etc.)	s or No—	Black, V	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			ECEDENT'S Give kind of a. Do NOT u	work done	during mo	ON ist of world	ng	16b.		SINESS/INDU		
BE COM	17. FATHER'S NAME (First, Middle, Last) N/A	BARRE	TT				18. MOT	HER'S NA	ME (First, M N/A				
10	19a. INFORMANT'S NAME (Type/Frint) ARNOLD WILKES			130 V							m, Stata, Zip ( IMORE ,		21217
	26e. METHOD OF DISPOSITION 1 Grant Buriel 2 Cremation 3 Grant 4 Donation 8 Other (Specify)	oval from State	20b. PLAC	E AND DAT			4		5/30		CATION — C		, State • 21202
	21. SIONATURE OF FUNERAL SERVICE LIC	ensee L. Paux	à III	-			W W.		4		York SOns,		to.,Md.
	23. PART I. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one car		e.		r the mo	da of dy	ring, suc	ch as cerdi	ac or resp	viratory srre	st,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSE										
_ 1	PART II. Other significant condition	s contributing to	death but not	resulting	in the u	nderiyin	g csuse	given in	Part I.	24a. WAS AF PERFO 1 TYES	RMED?	C O	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION DF CAUSE IF DEATH?  YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatlent	3 🗆 DOA	OTHE	R:			heck only one				
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		Day, Year)		JURY M	1 🗆	JURY AT DRK? YES 2	_ NO	28d. DES	CRIBE HOW	INJURY OCC	URED	
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, st building, etc. (Specify)							28f. LOCA City o	TION (Street or Town, State	and Number (	or Runal Rou	ite Number,
COMPLETED	Check only Check only 2 MEDICAL EXAMINE	CIAN: To the best of											and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES	O COMPLETED CAL	Z				29c, LIC	28	R7		29d. DATE	SIGNED (A	7-91

M.D. 5601 Loch Raven Blvd., Balto., Md.

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per had flux within 75 hours after nearly with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	sit per
IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest) D'Adamo  2. DATE OF DEATH MONTH DAY 5 - 26 - 91 635 A M
	4. SOCIAL SECURITY NUMBER  5. SEX  8. AGE (In yrs. liest birthday)  8. AGE (In yrs. liest birthday)  8. AGE (In yrs. liest birthday)  8. AGE (In yrs. liest birthday)  8. AGE (In yrs. liest birthday)  8. BIRTHPLACE (State or Foreign Months)  8. BIRTHPLACE (State or Foreign Months)  8. BIRTHPLACE (State or Foreign Months)  8. BIRTHPLACE (State or Foreign Months)  1. ALY
OR	98. FACILITY NAME (If not institution, give street and number)  LORIEN NURSING HOME BALTIMORE  96. COUNTY OF DEATH  96. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY LIMITS?
	MD.  BALTIMORE  1 EVES 2 NO  106. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?
FUNERAL	24 N. MONTFORD AVE. 21224
BY FUN	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. RACE — American Indian, Black, White, etc.  15. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)  16. RACE — American Indian, Black, White, etc.  17. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOME MAKER
OM	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)
BE C	SALVATORE ROTONDO JOSEPHINE DIMAVOLA
2	Louis F. D'ADAMO 150.9 WEYBURN RD. BALto.MD. 21237
	20a, METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cometery, cremetory or gother place).  20c. LOCATION – City or Town, State  20c. LOCATION – City or Town, State  3 C Removal from State  4 Donation 5 Other (Specify)  BALto. MD:
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY J. WEBER F. H.  EDWARD J. WEBER F. H.  401 3. CHESTER ST. BALTE MD. 21231
	23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.
	IMMEDIATE CAUSE (Final disease or condition Canal Description Canad Description Canal Description Canal Description Canal Description Canad Description Canad Description Canad Description Canad Description Canad Description Canad Description Canad Description Canad Description Canad Description Canad Description Cana
	a. Due To (OR AS A CONSEQUENCE OF):
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
ICAL	PERFORMED AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	1  YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:
HYSI	1 PES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF OEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation INJURY WORK?
	3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)
COMPLETED	29a. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as steted.  One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end manner as stated.
TO BE (	29c. LICENSE NUMBER  29c. LICE
	Richard Bernett MO 5200 Eastern the Batto, MD 21224
	JUN 3 1991 Sull Durker Andrew
	DHMH-18 Rev 1/8

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Lust)  Kenneth	Sylvian		GERALD		2. DATE OF DEATH MONTH UNC	l", 199	3. TIME OF DEATH 3:10 P M		
	4. SOCIAL SECURITY NUMBER 2/2-07-0/5/ 98. FACILITY NAME (If not institution, give str	1×2 M 2 □ F 75	YRS.	FUNDER 1 YEAR NONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) 0/ 28 /		SHRTHPLACE (State or Foreign Country)  McLa		
TOR	Franklin Square			-	ville	EATH		ore County		
FUNERAL DIRECTOR		ltimore		stwod.	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
VERAL	7238 Conley Stree			101	21224			S.A.		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 M YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spi		NIC ORIGIN? (Specify ) in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 8+)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	dnd of work done during most of working NOT use retired.)			Securi	ty Admin.		
BE COM	17. FATHER'S NAME (First, Middle, Last)  Edward Fitzge	rald			Emma	ME (First, Middle, Maide Kiefer	en Surname)			
5	190. INFORMANT'S NAME (Type/Print)  Marie D. Fitzger		7238	Conley.	Street B	Acto. Md.	21224			
	20e. METHOD OF DISPOSITION  1  Burlel 2  Cremetton 3  Remo 4  Donation 5  Other (Specify)	eval from State	PLACE AND DATE emetary crematory of ORCIENS O	L Faith		5-5-91 0	ocation — city verlea, l			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Charles S. Zeiler & Son Inc. Eastern Ave.									
Z	iMMEDIATE CAUSE (Final disease or condition resulting in death)		Infarct	ion	de of dying, suc	h as cardiac or rea	piratory arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in						AN AUTOPSY ORMED? 2 🔏 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	Oll and the second				
BY PHYS	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending Investigation	1 Ninpetient 2 ER/Outpe 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		6 Other (Specify)  28d. DESCRIBE HOV	V INJURY OCCUR	ED		
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Specif	— At home, farm, st	reet, factory, offic	•	281. LOCATION (Stree City or Town, Sta	et end Number or F te)	Rural Route Number,		
COMPLETED	enal strip	CIAN: To the best of my knowle R: On the basic of examination						suse(e) end manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	TASSING MY			29c. LICENSE NU	MBER	29d, DATE S	GNED (Month, Day, Year)		
-	Theodore Stephens	,M.D., 9000 Fr	anklin S	quare D	r., Balt	imore, Ma	ryland	21237		
	JUN U 3 1991	32. REGISTRAR'S SIGNA Julia Davidson-R								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nous after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be an expensional properties.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

	FOR 1 - STATE	STATE OF MARYL					E	14001	
2	1. DECEDENT'S Part (First, Mirtel Last)	<del>_</del> ·	CERTIF	ICATE U	F DEATH	REG. NO.		3. TIME OF DEATH	
		ETHEL M.	FRY			MONTH DI	/ - YE		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign	
	16503-2242	1 - M 2 PF	76 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		ountry) aryland	
	9a. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOW	N OR LOCATION OF DE	11-11	9c. COUNTY		
8	Homewood Me	endian		Roll	IMONE				
5	RESIDENCE OF DECEDENT						1		
DIRECTOR	Mayor / Ancet 106. COUNTY			y, town on Loc altimor				10d. INSIDE CITY LIMITS?  1 YES 2 NO	
FUNERAL	2524 N. Calvert	Street			21218		10g. CITIZEN US	OF WHAT COUNTRY?	
5		12. WAS DECEOENT EVER IN FORCES? 1 YES		13. WAS D	ECENDENT OF HISPAN specify Cuban, Maxican	C ORIGIN? (Specify Yes	or No- 14. 1	RACE — American Indian, Black, White, etc.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			ES 2 NO Specify			Specify:	
		TION I				T 222 10000 22 220	I	White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		18a. DECEDENT'S (Give kind of life. Do NOT u	work done during	TION most of working	16b. KIND OF BU	SINESS/INDUSTI	RY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	Millin			Hat (	Company		
M	17 FATHER'S NAME (First Middle   ast)	<u>.</u>	**********		18 MOTHED'S NAI				
BE CC	17. FATHER'S NAME (Elist, Middle, Last) David Stocksda	ıle				de Holtz			
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow			
	Barbara C. Pendorf					timore, Mo			
	28a. METHOD OF DISPOSITION  1	val from Stata M	other place) etro Cre	matory,		6-2-91 Bal	timore	, Md.	
	21. SIGNATURE OF TUNERAL SERVICE LICE	NSEE 4	_	22, NAME	AND ADDRESS OF FAC	ыту bard Funer	al Hom	e. Inc	
i i	Mario 4	X ml		4107	Wilkens	Avenue; Ba	ltimor	e, Md. 21229	
	23. PART I. Enter the diseases, or co			not anter the i	noda of dying, suci	a cardiac or resp	lratory arrest,		
	ahock, or heart fellure. Li IMMEDIATE CAUSE (Finel	ist only one cause on e	ach line.					Interval Between Onset and Death	
	disease or condition	EUMON	NIA				2 DAYS		
	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								
z	C b.								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):					
2	CAUSE (Disease or Injury								
E I	that initiated events resulting in daeth) LAST	DUE TO (OR AS A	CONSEQUENCE O	<del>F</del> ):					
#	d.								
4	PART II. Other aignificant conditions	contributing to deeth b	ut not resulting	In the underly	ing ceuse given in			24b. WERE AUTOPSY FINDINGS	
2		ANCER, E	YE			PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
		/						OF DEATH?	
-						_			
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF OEATH (Ch	ick only one)			
S		HOSPITAL: 1   Inpatient 2   ER/Outs	etlent 3 🗆 DOA	OTHER: 4  Nursing H	lome 5 - Residence	8 Other (Specify)			
PHYSICIAN: MEDICA	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. TIR		INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURE	D	
					YES 2 NO				
	1 Netural 5 Pending 2 Accident Investigation			etreat factory o	Mice	28t. LOCATION (Street		tural Route Number,	
B≺	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Special Control of the Contro	— At home, farm,	street, rectory, o		City or Town, State,	,		
ED BY	2 Accident Investigation	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, rectory, o		City or lown, State,			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	28e. PLACE OF INJURY building, etc. (Special Control of the best of my known in the best of my known i	effy)						
ED BY	2 Accident 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	building, etc. (Special State of the best of my know	ladga, death occur	red at the time, d	lets and place, and due	to the cause(a) and me	nner as stated.	use(a) and menner as stated.	
E COMPLETED BY	2 Accident 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	building, etc. (Special Control of the beat of my known in the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of the bea	ladge, death occur n and/or investigati	red at the time, d	lets and place, and due	to the cause(a) and me time, data and place, a	nner as stated.	OMED (Month Day Mart)	
BE COMPLETED BY	2 Accident 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	building, etc. (Special Control of the beat of my known in the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of the bea	ladge, death occur n and/or investigati	red at the time, d	lets and place, and due	to the cause(a) and me time, data and place, a	nner as stated.	OMED (Month One West)	
E COMPLETED BY	2 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	building, etc. (Special Control of the beat of my known in the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of axamination of the beat of the bea	ladge, death occur n and/or investigati	red at the time, d	lets and place, and due	to the cause(a) and me time, data and place, a	nner as stated.	OMED (Month One West)	

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31. DATE FILED (Month, Day, Year)

Julia Davidson-Randasse

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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	1 - STATE OF MARY REGISTRAR		TMENT OF HEALTH AN	D MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  JOHN FARMER			2. DATE OF DEATH DAY 5	YEAR 91 628 PM				
		68 YRS.	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI	Michael One Mand	8. BIRTHPLACE (State or Foreign Country)  N. Carolina				
OR	9a. FACILITY NAME (if not institution, give street and number) CHURCH HOSPITAL		BALTIMOR		c. COUNTY OF DEATH				
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?				
	100. STREET AND NUMBER		Baltimo:		1 € YES 2 □ NO				
FUNERAL	1812 N Montford Avenue  11. MARITAL STATUS  12. WAS DECEDENT EVER	IN III C ADMED	21213	SPANIC ORIGIN? (Specify Yea or	U.S.A.				
B	1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced	8 2 NO		exican, Puerto Rican, etc.)	Black, White, atc.  Specify: Black				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  College (1-4 or 5 +)	(Give kind of title. Do NOT us	USUAL OCCUPATION work done during most of working se retired.) ITed	18b. KIND OF BUSING	Ess/INDUSTRY Employee				
BE CON	17. FATHER'S NAME (First, Middle, Lost) Fred Williams		16. MOTHER M	s NAME (First, Middle, Maiden Sur argaret Fai	name) rmer				
5	19a. INFORMANT'S NAME (Type/Print)  Elizabeth Stevenson		N. Montford						
	20a. METHOD OF DISPOSITION  3 Burlet 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	ob. PLACE OF DISPO	T. Zion Cemetery, cremetor	y or 20c. LOCAT	TION — City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	#281	22. NAME AND ADDRESS OF T. Phi 111	PEFACILITY	L-27 N.Monroe				
	23. PART I. Enter the diseases, or complications that cause			St. Ba	alto. MD. 21217				
	shock, or heart failure. List only one cause on	each line.	, ,		Approximete Interval Between Onset and Death				
NO O	disease or condition resulting in desth)  DUE TO (OR AS A CONSEQUENCE OF):  A cult Myo cardeal Syrchox  Due TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	A SCVD							
ERT	resulting in death) LAST								
MEDICAL C	PART II. Other significent conditions contributing to death	but not resulting	in the underlying cause give	PERFORME  1 YES 2 P	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE				
K: ME				— III	1 TYES 2 NO				
ICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO 1 Impatient 2 ERVO	4.7.00	26. PLACE OF CEAT						
PHYSICIAN:	27. MANNER OF OEATH  1 Netural 5 Pending  28a. DATE OF INJUR (Month, Day, Yea	Y 28b. T/8	AE OF 28c. INJURY AT WORK?  M 1 YES 2 N	28d. OESCRIBE HOW INJ	URY OCCUREO				
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, pecify)	street, factory, office	28f. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my kn								
BE	296. SIGNATURE AND TITLE OF CERTIFIER	. m0	29c. LICENS	= NUMBER = 26 594	29d. DATE SIGNED (Month, Day, Year)  1. 5/29/9/ 6 2 8 pm				
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF RIAZ BOKHAR	DEATH (ITEM 27) (Typ		POADWAY	/				
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SI	GNATURE Randell							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1
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	1. DECEDENT'S NAME (First, Middle, Last BABY BOY GOO	2. DATE OF MONTH	DEATH DAY Y	S. TIME O	:20 A				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH 8.	BIRTHPLACE (Sta Country)	
	None	1 X M 2 □ F	YRS.		5		30-91	mal	4
œ	9a. FACILITY NAME (If not institution, give	9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY				
20	THE JOHNS HOP	KINS HOSP	ITAL.	BALT	IMORE CI	FY	BAL	TIMORE	
DIREC	10s. STATE 10b. COUN	iτγ	10c. C	LI					E CITY 8? 2 NO
FRAL	1817 Henne	(24.00)	cL	10	1. ZIP CODE	2	10g. CITIZE	N OF WNAT COUN	TRY?
BY FUNER	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced			If yes, a	CENDENT OF HISPAI pocify Cuban, Maxico S 2 NO Specif	in, Puerto Ric		Black, White, et	an Indian,
LETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12)	S USUAL OCCUPAT f work done during m use retired.)	ION post of working	16b. K	IND OF BUSINESS/INDUS	STRY			
COMPL	17. FATHER'S NAME (First, Middle, Last)		Chil	16. MOTHER'S NAME (First, Middle, Malden Surname)					
BE C		dun		Desirce Goodman					7
5	190. INFORMANT'S NAME (Type/Print)	adman	19b. MAILIN	G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
	204 METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re	moval from Stata	20b. PLACE ANO OA of cemetary, cremato	TE OF DISPOSITION		27	20c. LOCATION — CH	ty or Town, State	,
	4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	mT	-14110	AND ADDRESS OF FA	CILITY	BAIN	-ma	
	23. PART I. Enter the diseases, o shock, or heert feilur IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. List only one cer		emat	rity	or de Ceruie	o or respiratory error	On	rval Betset and C
Datadala Stanson Li									ha
TIO		c							
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d.	(OR AS A CONSEQUENCE	OF):					
L CE	CAUSE (Disease or Injury that Initiated events	d			ng cause given in	ľ	4e. WAS AN AUTOPSY PERFORMED?	OF DEATH	PRIOR TO ON OF CAU ?
MEDICAL CE	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d			ng cause given in	ľ	PERFORMED?	AWAILABLE COMPLET OF DEATH	PRIOR TO
MEDICAL CE	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d.		g in the underlyi	ng cause given ir		PERFORMED?	AWAILABLE COMPLET OF DEATH	PRIOR TO ON OF CAU ?
MEDICAL CE	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions and the condition of the condit	d.  lons contributing to  HOSPITAL:  1   Inputant 2	deeth but not resulting	g in the underlying the second of the second	PLACE OF DEATH (C	heck only one) 6 □ Other (	PERFORMED?  VES 2 NO	AWAILABL COMPLET OF DEATH 1  YES	PRIOR TO ON OF CAU ?
PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions and the condition of the condit	HOSPITAL: 1 Inpatient 2 (Month, L	deeth but not resulting	26. OTHER: 4   Nursing Ho	PLACE OF DEATH (C	heck only one) 6 □ Other (	PERFORMED?	AWAILABL COMPLET OF DEATH 1  YES	PRIOR TO ON OF CAU ?
ED BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions and the significant conditions are significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1 Inpution 2 26a. DATE Of Month. I	deeth but not resulting	28. OTHER: 4   Nursing Ho IME OF NURY M 1	PLACE OF DEATH (C	heck only one)  6 Other (  28d. DESC	PERFORMED?  VES 2 NO	AMAILABL COMPLET OF DEATH 1  YES	E PRIOR TO ON OF CAU? 2 NO
D BY PHYSICIAN: MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions and initiated events resulting in death) LAST  PART II. Other significant conditions and initiated events are significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation investigation investigation investigation in the conditions are significant investigation in the conditions are significant investigation in the condition in the conditions are significant in the conditions are significant in the conditions are significant in the conditions are significant in the conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are sig	HOSPITAL: 1 Inputant 2 (Month, I) 26a. PLACE (building)	DER/Outpatiant 3 DOAF INJURY 26b. T	26.1 OTHER: 4   Nursing Ho IME OF NURY M 1   n, street, factory, off	PLACE OF DEATH (Comme 6 Residence NUTURY AT YORK? YES 2 NO	beck only one)  6 Other (  28d. DESC  28f. LOCAT  City or	PERFORMED?  I VES 2 NO  Specify)  RIBE HOW INJURY OCCU  ION (Street and Number of Rown, State)	AMAILABL COMPLET OF DEATH 1  YES  URED  We Rural Route Number 1.	E PRIOR TO ON OF CAL ? 2 NO

12. REGISTRAR'S SIGNATURE

Alcua M Wen
31. DATE FILEO (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating with the Table 1 important: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, till them 28 is marked.	enviours after death. Page 6 may be retained by the hospital or attending	filled in by the funeral director, page 5 should be detached for use as the	on, or removal.	he medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	be retained by	page 5 should		be notified
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. ITO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin	Page 6 mi	director,		er must
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riours after TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removing IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	er death. F	he funeral	9	examin
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and obe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic	d with	omplet	I. cren	event
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physice filed within 72 hours after death with the State Dept. of Health and Mental Hygiene primpORTANT: If Item 28 is marked, or Item 23 shows any injury, or other it	be execute	ician and ci	for to buria	raumatic
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha TO THE FUNERAL DIRECTOR. After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health a IMPORTANT: If Item 28 is marked, or Item 23 shows any	t the	by the	nd Me	inju
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requir TO THE FUNERAL DIRECTOR: After this certificate has been sibe filed within 72 hours after death with the State Dept. of He IMPORTANT: If item 28 is marked, or item 23 show	es tha	gned l	afith a	s any
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE RUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Nem 28 Is marked, or Nem 23	requir	een si	of He	Show
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State IMPORTANT: If Item 28 Is marked, or item	ne law	has b	Dept.	n 23
TO THE HOSPITAL OR ATTENDING PHYSICI TO THE FUNERAL DIRECTOR: After this cerbe filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, o	AN: TI	ificate	State	r Her
TO THE HOSPITAL OR ATTENDING PA TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death w IMPORTANT: If Item 28 is mark	1YSICI	is cert	ith th	ed, o
TO THE HOSPITAL OR ATTEND TO THE FUNERAL DIRECTOR: A be filed within 72 hours after d IMPORTANT: If Item 28 Is	ING PH	ther th	eath w	mark
TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours IMPORTANT: If item.	TEND	TOR: A	after d	S 18
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	OR AT	DIREC	SUDO	tem
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	E HOSF	E PUNE	d with	HTAN

	STATE OF MARYLAND / DEPARTMENT OF HEALTH A	AND MENTAL HYGIENE	01100							
	1 - STATE REGISTRAR CERTIFICATE OF DEATH		91-1489							
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	3. TIME OF DEATN							
	SIGMUND S. GUTENKO	MAY 27	1991 9:30 A M							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24		8. BIRTHPLACE (State or Foreign							
	219-32-4598 1 X M 2 D F 85 YRS. MONTHS DAYS HOURS	MIN. (Month, Dey, Year)	Country)							
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION	N OF DEATH Sc. C	COUNTY OF DEATH							
TOR	PERRY POINT V. A. HOSP PERRY F	POINT MD. (	CECIL							
DIRECTOR	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO							
	10e. STREET AND NUMBER 10f. ZIP CODE	100	CITIZEN OF WHAT COUNTRY?							
FUNEHAL	4019 FOX BOROUGH BLVD. 316	100	1100							
2		NISPANIC ORIGIN? (Specify Yes or No	- 14. RACE — American Indian,							
I	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben,	, Mexican, Puerto Rican, atc.)	Black, White, atc.							
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO	Specify:	Specify:							
ED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION	16b, KIND OF BUSINESS	/INDUSTRY							
-	(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)  Elementary/Secondary (0-12)  College (1-4 or 5 +)									
7	RETIRED SERVICE	CE NAVY								
COMPLET	17. FATNER'S NAME (First, Middle, Last)	ER'S NAME (First, Middle, Maiden Surnan	ne)							
	VINICENT CONTENIUS	ILEELA INK	104.14)							
2	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number of	or Bural Boute Number City or Found State	7 In Corta							
2	I DIE ELIKA ULDIG ENDARA	Bu BI IN Val?	20000							
	20a. NETHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of corneter), crema	SH EXUD. VACI	105TA, GA. 31GOZ							
3	1 Burial 2 Commetion 3 Removal from State Other place)	nory or 20c. LOCATION	City or Town, Stata							
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FINERAL SERVICE LAKENSEE  ARLINGTON NATIO	NAC AKU	NGIOU, VA.							
	A Part Part Part Part Part Part Part Part	HESTER ST. B.	2 F.H. 14-m>.21231							
	23. PART I. Enter the disease, or complications that caused the demin. Do not enter the mode of dylinahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition Respiratory Failure	g, such aa cerdiac or reapiratory	Approximate Interval Between Onset end Death							
	resulting in death)  a. Respiratory ratifice  DUE TO (OR AS A CONSEQUENCE OF):									
S	Sequentially list conditions,  Secondary to Pneumonia  Due TO (OR AS A CONSEQUENCE OF):									
A	If any, leading to immediate cause. Enter UNDERLYING		į – – –							
HILLEATION	CAUSE (Disease or injury C.									
	that initiated events  resulting in death) LAST									
Ü	d									
1	PART II. Other significent conditions contributing to death but not resulting in the underlying cause girls.	iven in Part I. 24s. WAS AN AUTOR								
2	Severe Malnutrition, Debilitation	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE							
	Organic Brain Syndrome	1 TYES 2 NO	OF DEATH?							
PHYSICIAN: MEDICAL	1 VES 2 1 NO									
A A	25. WAS CASE REFERRED TO MEDICAL 29. PLACE OF DEL	ATH (Check only one)								
2	EXAMINER? HOSPITAL: OTHER:									
-	1 Unpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Resi	26d. DE\$CRIBE NOW INJURY	OCCUPED							
	1 Natural 5 Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2		OCCORED							
B	2 Accident investigation									
ב	3 Suicide 8 Could not be building, atc. (Specify)	281. LOCATION (Street and Nur City or Town, State)	moer or Hurel House Number,							
COMPLEIED										
7	29a. CERTIFIER (Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, a									
S	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred	d at the time, data and place, and due	to the cause(s) and manner as stated.							
	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICEN	NSE NUMBER 29d.	DATE SIGNED (Miniting Day, Year)							
BE		C1-0003364	5/24/01							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	02 0000004	V/a + /-11							
		21902	,							
	DECEMBER AS DECEMBER, II.D. VALUE LENGT FORT, FID	C1704								

RD, M.D. VAMC PERRY POINT, MD

32. REGISTRAR'S SIGNATURE

Sundar-Amelican

DHMH-16 Rev 1/89

Lander Control BONG AND AND ADDRESS OF THE PARTY OF THE PAR 

OH ATTENDIA PRESIDENT: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTIVE After this sertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	hours are cent with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PA	TO THE FUNERAL DIRECTOR: After th	be filed within 72 hours after death w	IMPORTANT: If item 28 is mark

ST. DATE FILED INVIDITION, YEAR JUN 0 3 1991

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

ISION OF VITAL RECORDS, P.O. BOX 68760,

	91-2863-003											
	FOR STATE REGISTRAR					T OF H			MENTAL HYGIEN REG. NO			
	DECEDENT'S NAME (First, Middle, Last)	AKA: Jos	e A. Ro							AY	YEAR	3. TIME OF DEATH
1	JOSE  4. SOCIAL SECURITY NUMBER	A A SEX	6. AGE (In yrs. las	Roa.		R 1 YEAR	IF UNDER		05 28		991	10:44 A M
	4. SOCIAL SECONITY NUMBER	1 YM 2 F	36	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	0.5.5	Count	ny)
	9a. FACILITY NAME (If not institution, give	1 7	30	ino.	01 017	r, TOWN O		ON OF 0	May 19, 1	v		York
<b>ac</b>								ON OF DE	EATH	9c. CO	UNTY OF D	PEATH
2	on boat at the H		Ann	apol	ís			Anr	ie Ar	undel		
E C	10a. STATE 10b. COUNT		ry, town	OR LOCAT	ION					10d. INSIDE CITY		
5	Maryland A	nne Arund	el		Ani	napol	lis					1 X YES 2 NO
AL	100. STREET AND NUMBER						ZIP CODE	E		10g. CI	TIZEN OF	WHAT COUNTRY?
ER	2900 Shipmaster	Way					2	2140	1		USA	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2 X		13.	If yes, spe 1 (X YES	ENDENT O	F HISPAI n, Mexica Specif	NIC ORIGIN? (Specify Yas in, Puarto Rican, etc.) y:	n or No—		
	15. DECEDENT'S EDI		16a. DE	CEDENT'S	USUAL C	CCUPATIO	N		16b. KIND OF BU	SINESS/II	NOUSTRY	White
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	(Gi	ive kind of Do NOT u	work done ise retired.)	during mos	st of workin	ng				
APL				Wa	iter				Но	tel		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16, MOTI	HER'S NA	ME (First, Middle, Maiden	Surname)		
BE (	Jose Antonio	Roa					T	olo	res Guzman			
10	19a. INFORMANT'S NAME (Type/Print)								Route Number, City or Tox		Zip Code)	
F	Sela Roa 235 SW 6th Ave., Miami, FL 33130											
	20a. METHOD OF DISPOSITION 1 Burdal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  Municipal Cemetery  5/31 Anciho, Puento Rico											
	21. SIGNATURE OF TUNERAL SERVICE L	alth	Ass		F	5009	RT C.	AL	TENBURG FU	imon	o . M1	
	23. BATT I. Enter the disease, or shock, or heert feliure immediate CAUSE (Final disease or condition resulting in death)	a.	ll on	nath. no	mat - "	tha mo	de of dy	rati	ch as cardiac or reap C LUNG TUM TESTICULA	oratory a	irreat,	Approximete interval Between Onset and Death
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	£ 53	5.4		37						
MEDICAL C	PART II. Other aignificant conditions co							Y 241	AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF D	EATH (C	heck only one)			
YSI	1 X YES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA	4 D Nu	rsing Hom	e 5 🗆 R	esidence	6 X Other (Specify)	0n	boat	
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural  2 Accident	26s. DATE OF (Month, L	INJURY Pay, Year)	28b. Til	ME OF JURY M	WO	JURY AT 28d. DESCRIBE HOW INJURY OCCURED ORK? YES 2 NO				-	
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building,	of INJURY — At he etc. (Specify)	ome, farm,	street, fac	ctory, offic			28t. LOCATION (Street City or Town, State	end Numb	oer or Rural	Route Number,
COMPLET	anal								to the cause(s) and me time, data and place, a			a) and manner as stated.
BE CC	se-ensite on the orcente	1/1					29c. LIC	ense nu	MBER		ATE SIGNE	D (Month, Day, Year) 29 1991
2	AS HAME AND ADVISED OF DEBOON W	HO COMPLETED CALL	SE OF DEATH //TE	M 27) (5m	o Defeat)		U	. U . M	و نا و.	1,0	13	23 1331

Mail Penn Street, Baltimore Maryland 21201

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 SION OF VITAL RECORDS, P.O. BOX 68760,

9		28	D	3	 U	J	,
FO	R						

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	FICATE OF	DEATH	REG. N	IO.			
1. DECEDENT'S NAME (First, Middle, L	ast) AKA: Jose	A Rog-Gu	7man		2. DATE OF DEATH MONTH	DAY	PASY	3. TIME OF DEAT	Н
Jose	A. A.	Roa.	Jr.			201	991	10:44	A
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	NGE (In yrs. last birthday) 36 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Fo	reign
		30 Ths.		1	May 19,			York	
on hoat at the RESIDENCE OF DECEDEN		Marina	Annapo	OR LOCATION OF DE	EATH		e Ari	undel	
10a, STATE 10b. CO			TY, TOWN OR LOCA	TION				10d. INSIDE CITY	
Maryland Anne Arundel Annapolis									NO
100. STREET AND NUMBER 2900 Shipmaster	r Way		10	r. ZIP CODE 2140	1	10g. CIT	USA	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO	If yes, s	pecify Cuban, Maxica S 2 ND Specif		Yea or No-	14. RACE Black Speci	E — American Indi k, White, etc. //y:	eri,
				Puerto Ri				White	2
15. OECEDENT'S (Specify only highest	grade completed)	(Give kind of	S USUAL OCCUPAT work done during m	ON ost of working	16b. KIND OF	BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	iter			atal			
17. FATHER'S NAME (First, Middle, Las	t)	wa	rier	10 MOTHED'S NA	ME (First, Middle, Maid	otel			_
Jose Antonio	•				res Guzma				
19a. INFDRMANT'S NAME (Type/Print)		10h MAILIN	G ADDRESS (Street		Route Number, City or		n Codel	_	
Sela Roa					mi, FL 3		p Cooley		
20a. METHOD OF DISPOSITION	Ramoval from State	20b. PLACE AND DAT	TE OF DISPOSITIO			LOCATION -	City or To	own, State	
4 Donation 5 Other (Specify)		Municipa	e Cemete	ru_	5/31 A	recibe	PL. PL	iento Ri	ca
21. SIGNATURE OF PURE RAI, SERVICE 22. BOHT I. Enter the disease	ge Attud	3	ROBE 6009	Harkord	TENBURG F	timore	MI.	ME, INC.	
MMEDIATE CAUSE (Final disease or condition resulting in death)	aDUB TO (OR	AS A CONSEDUENCE I			C LUNG TU TESTICUL		IGIN)	Onset and	
Secure Mathy Met academas	b								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bOUE TO (OR	AS A CONSEDUENCE	DF):			_			
if sny, lesding to immediate	c	AS A CONSEDUENCE O							
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Olseese or injury that initieted events resulting in death) LAST	cDUE TO (OR	AS A CONSEDUENCE (	OF):		Dark Law was		T <sub>a</sub> ,		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	cDUE TO (OR	AS A CONSEDUENCE (	OF):	ng ceuse given in	PER	AN AUTOPSY FORMED?	246	D. WERE AUTOPSY P AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	TO CAUSE
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Olseese or injury that initieted events resulting in death) LAST	cDUE TO (OR	AS A CONSEDUENCE (	OF):	ng ceuse given in	PER	FORMED?	246	AVAILABLE PRIOR COMPLETION OF	TO
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Otseese or injury that initieted events resulting in death) LAST  PART II. Other significant conductors are supported to the significant conductors.	cDUE TO (OR dditions contributing to des	AS A CONSEDUENCE (	oF): g in the underlyle 28.1	ng ceuse given in	1 U YES	FORMED?	24b	AVAILABLE PRIOR COMPLETION OF DEATH?	TO CAUSE
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Ofseese or Injury that initieted events resulting in death) LAST	c	AS A CONSEDUENCE of	oF): g in the underlying	PLACE OF DEATH (C)	1 U YES	FORMED?	24b boat	AVAILABLE PRIOR COMPLETION OF DEATH?	TO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 X YES 2 NO  27. MANNER DF DEATH	d	AS A CONSEDUENCE (  with but not resulting  //Outpatient 3 □ DOA  URY □ 285. Till  285.	oF):  g in the underlying the second	PLACE OF DEATH (C)	PERI 1 YES	FORMED?  3 2 □ NO  On	boat	AVAILABLE PRIOR COMPLETION OF DEATH?	TO CAUSE
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 X YES 2 NO  27. MANNER DF DEATH  1 Natural	d	AS A CONSEDUENCE (  with but not resulting  //Outpatient 3 □ DOA  URY □ 285. Till  285.	OF):  26.1  OTHER: 4   Nursing Ho  ME DF   28c. IP  VJURY   W	PLACE OF DEATH (C)	PERI 1 VES	FORMED?  3 2 □ NO  On	boat	AVAILABLE PRIOR COMPLETION OF DEATH?	TO CAUSE
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 X YES 2 NO  27. MANNER DF DEATH	DUE TO (OR d	AS A CONSEDUENCE of the but not resulting of t	OF):  26.1  OTHER: 4   Nursing Ho NURY M 1	PLACE OF DEATH (C) me 5	PERI 1 VES	On W INJURY OF	boat	AMALABLE PRIOR COMPLETION OF OF DEATH?	TO CAUSE
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 X YES 2 NO  27. MANNER DF DEATH  1 Natural Investing Accident  3 Suicide 8 Could in determine	DUE TO (OR d	AS A CONSEDUENCE of the but not resulting the but not result not resulting the but not r	28.1 OTHER: 4   Nursing Ho ME DF NJURY M 1   , street, factory, off	PLACE OF DEATH (C)  me 5  Residence  JURY AT  ORK?  YES 2  NO  Ice  te and place, end du	PERI 1 YES  1 YES  Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Str. City or Town, St	On  W INJURY OC  menner as ste	Doat COURED	AMAILABLE PRIOR COMPLETION OF OF DEATH  1 YES 2	TO CAUSE NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1  Yes 2 NO  27. MANNER DF DEATH  1  Netural	AL HOSPITAL:  1 Inpetent 2 En	AS A CONSEDUENCE of the but not resulting the but not result not resulting the but not r	28.1 OTHER: 4   Nursing Ho ME DF NJURY M 1   , street, factory, off	PLACE OF DEATH (C/	PERI 1 YES  Neck only one)  8 2 Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Str. City or Town, St. City or Town, St. at to the cause(a) and a time, date and place	On On winjuny oc oet and Number manner as sto	boat cured or or Rural of the cause(	AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 AMAILABLE PRIOR OF COMPLETION OF OF DEATH OF THE PRIOR OF TH	TO CAUSE NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 X VES 2 NO  27. MANNER DF DEATH  1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one)  1 CERTIFIER (Check only one)	AL HOSPITAL:  1 Inpetent 2 En	AS A CONSEDUENCE of the but not resulting the but not result not resulting the but not r	28.1 OTHER: 4   Nursing Ho ME DF NJURY M 1   , street, factory, off	PLACE OF DEATH (C/	PERION 1 YES  Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Sin City or Town, Sin at to the cause(a) and a time, date and place	On W INJURY OC manner as ste , and due to 1	boat cured or or Rural of the cause(	AMAILABLE PRIOR COMPLETION OF COMPLETION OF DEATH?  1 YES 2 AMAILABLE PRIOR COMPLETION OF DEATH?  Route Number,	TO CAUSE NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1	DUE TO (OR d	AS A CONSEDUENCE of the but not resulting the but not resulting the but not resulting to the but not result not resulting to the but not resulting to the but not resulting	OF):  26. I OTHER: 4   Nursing Ho ME DF NJURY M 1   , street, factory, off	PLACE OF DEATH (C/	PERION 1 YES  Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Sin City or Town, Sin at to the cause(a) and a time, date and place	On On winjuny oc oet and Number manner as sto	boat cured or or Rural of the cause(	AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 AMAILABLE PRIOR OF COMPLETION OF OF DEATH OF THE PRIOR OF TH	TO CAUSE NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1	AL HOSPITAL:  1 Inpetent 2 En	AS A CONSEDUENCE of the but not resulting with but not resulting the but not resulting to the but not resulting to the but not resulting to the but not resulting to the but not resulting to the but not not resulting to the but not resulting to th	oF):  26. I OTHER: 4   Nursing Ho ME DF NJURY M 1   I, street, factory, off med at the time, da tion, in my opinion,	PLACE OF DEATH (C) TIME 5 Residence JUNY AT ORK? YES 2 NO Ice te and place, end du death occured at the 29c. LICENSE NU 0 . C . M	PERION 1 YES  Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Sin City or Town, Sin at to the cause(a) and a time, date and place	On  Winjury of the property of	boat coursed or or Rural sted. the cause(	AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 AMAILABLE PRIOR COMPLETION OF OF DEATH?  Route Number,  1 and menner as a completion of Month, Day, Year,  29 199	TO CAUSE NO

BALTIMORE, MARYLAND 21203-3146

0

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1991

32. REGISTRAR'S SIGNATURE

Fishia Davidson-Randoll

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

						91	14892
	FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO	_	
	1. DECEOENT'S NAME (First, Middle, Last)	JOSEPH JESSE	GOBRE	CHT	2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH
	JOSEPH	7	G0B	RECHT	5 7	-6 9	1 12:45 AM
		5. SEX 6. AGE (In yrs. les 1 ☑ M 2 ☐ F 57	YRS. IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-23-33		Serviand ?
	9e. FACILITY NAME (If not institution, give etre	et end number)	9b. CIT	Y, TOWN OR LOCATION OF I		9c. COUNTY	
TOR	Western Maryland Co	enter 1500Pa. A	ve. Hag	erstown, Mar	yland	Washi	ington
DIRECTOR		shington	10c. CITY, TOWN Hage1	or Location Stown			10d. INSIGE CITY LIMITS? 1 YES 2 NO
FUNERAL	1500 Pennsylvani	ia Avenue		101. ZIP CODE		10g. CITIZEN USA	OF WHAT COUNTRY?
BY FUN	1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IN IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	can, Puerto Rican, atc.) elly:		RACE — American Indian, Black, White, etc. Specify: white
	15. DECEDENT'S EDUCA		CEDENT'S USUAL (	OCCUPATION	no 16b, KIND OF BU	SINESS/INDUST	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12) 9yrs	completed) (G	ive kind of work done . Do NOT use retired.)	during most of working	iss. Kills of So	ON E 33 11 1 3 3 7 1	
O	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	IAME (First, Middle, Meiden	Sumame)	
BEC	CHATHAM GOBRECH	łΤ		MAR	IE		
	19e. INFORMANT'B NAME (Type/Print)	19	b. MAILINO ADDRES	S (Street end Number or Rura	I Route Number, City or Tox	vn, State, Zip Coo	le)
임	Betty Benson Sis	ster	441 Sewar	d Avenue, B	altimore, 1	MD 2122	15
	20e. METHOD OF DISPOSITION  1	val from Stale other pi	OF DISPOSITION (A	lame of cemetery, crematory or	20c. LC	OCATION — City	or Town, Blate
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE Ronald Wade	, Dir 22	. NAME AND ADDRESS OF I	FACILITY State	Anatom	y Board
	Donal !!	Nel 12/5/2	9/91 6	55 W. Baltim	more St,Bal	to.,MD	21201
-4	23. PART I. Enter the diseases, or co	omplications that caused the de	eth Do not ente	r the mode of dulno ex	sch as cardiac or man	ilratory arrest	Approximate
	shock, or heart fellure. L	ist only one ceuse on each line	B.	the mode of dying, so	icii as cardiac or reap	matory orrest	interval Between
	IMMEDIATE CAUSE (Final disease or condition	0114	b	D Tr			Onset and Death
	reaulting in death)	DUE TO (OR AS A CONSE		ual Disk	ast		1 year
_		DOE TO (OR AS A CONSE	GOENCE OF):				
CERTIFICATION	Sequentielly list conditione,	OUE TO (OR AS A CONSE	OUENCE OF):				1
¥	If any, leading to immediate cause. Enter UNDERLYING						
F	CAUSE (Disease or Injury c. that initiated events	OUE TO (OR AS A CONSE	OUENCE OF):				
F	resulting in death) LAST	6.					
	PART II. Other significant conditions	and dhudles to death but and			a san a la comina		
¥	PART II. Other significant conditions	O 11 Ra +	reaulting in the u	inderlying ceuse given i		RMED?	AVAILABLE PRIOR TO
ă	- Jugesta	2 1 5 to 1	racio	The state of the s	1 TYES	2 NO	OF DEATH?
PHYSICIAN: MEDICAL	Marie	O sametin	e ful	morroug 12	iseine		1 TYES 2 NO
N.							
<u></u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	26. PLACE OF DEATH (	Uneck only one)		
ΙΥS	1 YES 2 NO 27. MANNER OF OEATH	1 Ninpatient 2 ER/Outpatient :	28b. TIME OF	28c. INJURY AT	e 6 Other (Specify)  28d. OESCRIBE HOW	IN HIEW COOLER	
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?	28d. OESCHIBE HOW	INJUNT OCCUM	EO
В	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At he			281. LOCATION (Street	and Number or i	Rural Route Number
COMPLETED	8 Could not be 4 Homicide determined	building, atc. (Specify)	,	,	City or Town, State	)	
J'E	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge, d	eath occurred at the	lime, date and place, and d	ue to the cause/st and ma	hatete en renne	
AMC.	description only	R: On the basis of examination end/or					suse(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE N	IUMBER	29d, DATE B	ONED (Month, Day, Year)
BE	Dollar	Vernor M	D.	\ \ \ \ -	3890	> 5	126/91
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH AT	TAR OTO CE Orient	0 7	-010	/	- 0/1/

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END	 	ter d	20
A	EG	s af	1 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mayrs after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 STATE	STATE OF MARYL	AND / DEP	ARTMENT	OF HEALTH	AND M	ENTAL HYG	IENE 9	duminus		
	REGISTRAR		CERT	IFICATE	OF DEA	1	REG				
		ESA HART					2. DATE OF DEA	30 q	EAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220-24-6932	1 - M 2 X F	(In yrs. last birthd	B. MONTHS	DAYS HOURS	MIN.	7. DATE OF BIRT (Month, Day, Ye 2 2	5 29	BIRTHPLACE (State or Foreign Country)  Md.		
OR	Sa. FACILITY NAME (If not institution, give Fallston X	en. Harfe	tu:	96. CITY,	LULLA	ION OF OEA	тн	BC. COUNTY	CALL		
딥	RESIDENCE OF DECEDENT  100. STATE  10b. COUN	TY	10c.	CITY, TOWN OF	LOCATION			U	10d. INSIDE CITY		
L DIRECTOR	Md. Ha	rford.		Belai	101, ZIP COD	)E		10a CITIZEI	LIMITS?  1 XYES 2 NO  N OF WHAT COUNTRY?		
RA	1109 Harlon Way					1014			U.S.A.		
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	lf.	AS DECENDENT	OF HISPANIC	C ORIGIN? (Speci , Puerto Ricen, et	fy Yee or No- 14	. RACE — American Indian, Black, White, atc. Specify: White		
	16. DECEDENT'S ED		16a. DECEDEN	IT'S USUAL OC	CUPATION		16b, KIND 0	F BUSINESS/INDUS	TRY		
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	4.44	i of work done do T use retired.) Ltress	ring most of work	ing	H	otel			
	17. FATHER'S NAME (First, Middle, Last) William Him	me l				-	E (First, Middle, M				
	19a. INFORMANT'S NAME (Type/Print)	1000	19b. MAIL	JNG ADORESS				or Town, State, Zip Co	ode)		
2	Mary Lou Bertaz	on.			lon Way	-		21014			
TO BE	20a. METHOD OF DISPOSITION	20	b. PLACE OF DIS		ne of cemetery, cre			c. LOCATION — Cit	y or Town, State		
	1 CBurlai 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	other place)	ak Laur	(emet	ery		Eastwood, Md.			
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE			AME AND ADDR				5224		
	Chale	n gerle	~	Ch	arles !	S. Zei	ler & S.	on Inc.	Eastern Ave.		
CERTIFICATION	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart feliure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
TED BY PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 246 WES AN AUTORSY 245 WESS A								24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28, PLACE OF	DEATH (Che	ck only one)		1		
SIC	1 of YES 2 NO	HOSPITAL:	petient 3 🗆 DC	OTHER		Residence (	6 Other (Special	(y)			
E.	27 MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF	28c, INJURY AT WORK?		28d. DESCRIBE	HOW INJURY OCCU	REO		
84	Netural 5 Pending M 1 YES 2 NO										
TED											
BE COMPLETED	Constant only	SICIAN: To the best of my known NER: On the basis of examination							couse(e) and menner ee stated.		
C	296. SIGNATURE AND TITLE OF CERTIF	TER I BY MES	Elan	inen	29c. LI	CENSE NUM	BER	29d. DATE S	SIGNED (Month, Day, Year)		
	Kerhand J. C.	LUE MD	7,00		I	0 11	94	> 5	130/41		
10	30, NAME AND ADDRESS OF PERSON			(Type, Print) -FER	MD		20137 Dance	willen.	Mysel Rd Md. 21034		
-	31. DATE PLED (MODIF, Doy, 1807) 1991	Julia Davidson-1	NATURE								



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S	EN	19 to	28
DIVISION OF VITAL HECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSID WITH THE MASSIMENT THE Geath certificate be executed within 24 nours after death. Page 6 may be retained by the hos-	TO THE FUNERAL DIRECTOR: After this certificial members by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 70 hours after death with 5 should be detached to build, comparison or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
Frances B y	ne Hull			6-1-91	TEAH ;	AND SAM H
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	INPLACE (State or Foreign
218-18-7439	1 □ M 2 X X	76 YRS.	HOURS MIN.	9-6-191		aryland
9a. FACILITY NAME (If not institution, give			L CITY, TOWN OR LOCATION OF		DC. COUNTY UF	,
2900 Dunbrin	Ct Apt. C				Ralte	o. co.
RESIDENCE OF DECEDENT					Daic	J. CU.
10e. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCATION			10d, INSIDE CITY LIMITS?
Md. Bal	timore	Du	ındalk			1 TES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE	1	10g. CITIZEN OF	WHAT COUNTRY?
2900 Dunbrin	Ct. Apt.C		2122		U.S.A	4
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECENDENT OF NISP/ If yes, specify Cuben, Mexic		No.— 14. RA	CE — American Indian, ck, White, atc.
1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 YES 2 NO Spec		Spe	notfy:
					WH	ite
15. DECEDENT'S ED (Specify only highest gred	JCATION e completed)	(Give kind of work	k done during most of working	16b. KIND OF BUSIN	IESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT use n				
Unknown		Hous	ewife	Own H		
17. FATNER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden Su	mame)	
Patrick Byrne	2			Kelly		
19a. INFORMANT'S NAME (Type/Print)			OORESS (Street end Number or Rura			
Marvin Hull		3302	McShaneway	DUndalk.	Md. 2	21222
20e. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Rea		of cemetary, crematory or	F DISPOSITION (Name		TION City or	
4 Donation 5 Other (Specify)		Green M	ount Cremato	$0.00 \times 6 - 3 - 91$	Balto	5M - C
21, SIGNATURE OF FUNERAL SERVICE L	CENSER		22. NAME AND ADDRESS OF F	ACILITY		
1./1//1/	kh		Bradley-Ash 2134 Willow	iton Funer	al Hon	ne, INc.
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CLEROTIC  A CONSEQUENCE OF):  B A CONSEQUENCE OF):	CORONARY VA	ESCULAR PS	SEASE	Onset and Death
CAUSE (Disease or Injury	C					
that initiated eventa	DUE TO (OR AS	A CONSEQUENCE OF):				
resulting in death) LAST	d					
PART II. Other significant condition	ne contribution to death	hut not regulting in	the underlying series when i	n Part I. 24s. WAS AN AL	money a	4b. WERE AUTOPSY FINGINGS
TAIT II. Outer significant conduct	The continuating to death	but not readiting in	the underlying cause given i	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
-	<del></del> _			1 □ YES 2	X/40	OF DEATH?
				_   ′		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	Check only one)		
1 XYES 2 □ NO	1   Inpatient 2   ER/O		☐ Nursing Nome 5 Residence	6 Other (Specify)		
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year		OF 28c. INJURY AT WORK?  M 1  YES 2 NO	28d, DEŞCRIBE NOW INJ	JURY OCCURED	
3 Suicide 8 Could not be 4 Nomicide determined	26a. PLACE OF INJU building, etc. (S)	RY — At home, farm, stre	net, factory, office	281. LOCATION (Street and City or Town, State)	d Number or Run	il Route Number,
			at the time, date end place, end do			e(e) and manner as stated.
29b. SIGNATURE AND TITLE OF CHITIFIE	ST DEPUT ME	DILA EXAM	INER DZ9	umber 97	P G	ED (Month, Day, Year)
J. M. NIEHOR			IN SQUARE	DA. BALTO	o ma	21237
	32. REGISTRAR'S SK		<u>:</u>		,	

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

91 14895

2. DATE OF DEATH

the three that the control of the co

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAL THE NEW TO THE THE TEATH CARTIFICATE DE GROUNDE WIthin 24 hours TO THE FUNERAL DIRECTOR: After this certificate and completely filled in be fised within 72 hours after death with the Standard or the mental Hygiene prior to burial, cremation, or reliMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the med

RECORDS, P.O. BOX 68760,

DIVISION OF VI

	Hilda S. Hor	reditz							5	3	0 9		7 8
	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1	_		R 24 HRS.	7. DATE (	Day, Year)	8.	BIRTHPLA Country)	NCE (State or Foreign
2	215-10-1880	1 □ M X 🖾 X	76	YRS.	MONTHS	DAYS	HOURS	MIN.		5/14			land
	. FACILITY NAME (If not institution, give a			9b. CITY, 1	OWN OF	LOCAT	ION OF DEATN			9c. COUNTY OF DEATN			
E S	Summitt Nursin	g Home									Balt	imo	re
B	ESIDENCE OF DECEDENT										1		
DIRECTOR	MD Bal	timore		10c. CIT	TY, TOWN OR	LOCATIO	ON					1 [	d. INSIDE CITY LIMITS?  YES 2 NO
< 1 □	street and number 110 Osborne Av	enue					ZIP COD 212	_				JSA	T COUNTRY?
3 6	MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES ZX	RMED NO	11	yes, spe	cify Cub		in, Puerto F	N? (Specify Yee or No— Rican, etc.)  14. RACE — Black, W Soachive W 1 1			American Indien, Inite, stc.
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION COMPOSITE OF	16a, Di	CEDENT'S	USUAL OCC	UPATIO	N I of work	dag	16b.	KIND OF BL	SINESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u	work done du se retired.)	my mos	i di work	ary.					
Ē L	unkn	own	ho	mema	aker					OWI	n home	5	
17.	FATHER'S NAME (First, Middle, Last)	7-111								fiddle, Maide	n Surname)		
	Karl D. Strot	t					E	liza	abet	h Kr	euder		
	. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (	Street an	d Numbe	er or Rural	Route Numb	_	wn, State, Zip Co		
2 7	George R. Hoff	editz									2122		
200	. METHOD OF DISPOSITION		20b. PLACE		E OF DISPO		-		DATI		OCATION — CIR		State
10	☐ Buriel 2 Cremation 3 ☐ Rem ☐ Donation 5 ☐ Other (Specify)	oval from State	of cemetary	cremator	y or other pla	cel	om a	tors	,5/3	1/91	Balti	mor	e. MD
	SIGNATURE OF NUNERAL SERVICE LIC	FNEFF	- I aree	EII PI				ESS OF FA		TVIT	Daiti	LIIIOL	e, m
	1 wind	lad	-		St	ter.	lin	g As	shto				e, Inc. MD 2122
IM di	3. PART I. Enter the dieeeses, or eshock, or heart feilure.  #MEDIATE CAUSE (Final liseese or condition				not enter t	he mod	le of dy	ying, auc	th as card	lsc or res	piratory srree	rt,	Approximate Interval Between Onset and Deatl
100	esuiting in death)	a. DUE TO	(OR AS A CONSE	OUENCE O	F):	Theorem .							0110
٤   و	equentielly flat conditions,	b									. 11		
# o	any, leading to immediate ouse. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE O	OF):								
i th	AUSE (Disease or Injury nat initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):								
E 100	eaulting in death) LAST	d								-:():			
	ART II. Other significent condition	a contributing to	death but not	reculting	in the und	leriving	COUSA	given in	Part 1.	24a, WAS A	N AUTOPSY	24h. WF	ERE AUTOPSY FINDINGS
MEDICAL						79		3		PERFO	PRMED?	AM	MILABLE PRIOR TO OMPLETION OF CAUSE
3									_	1 TYES	2 U NO		F DEATH?
		-					-					11	YES 2 NO
			_			_		_					
25	EXAMINER?	HOSPITAL:			OTHER		ACE OF	DEATH (C	heck only or	<del>o</del> )			
_	1 VES 2 NO	1 Inpatient 2	☐ ER/Outpatient	3 DOA			8 🗆 F	Residence	8 🗆 Othe	r (Specify)			
	77. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28c. INJURY AT WORK?  28d. DESCRIBE NOW INJURY OCCURED						RED						
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE ( building	M 1 VES 2 NO  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								le Number,		
COMPLETED	one)	CIAN: To the best o											
ō I	2 MEDICAL EXAMINE	R: On the basis of	examination end/or	Investigati	lon, in my op	Inlon, de	eath occ	ured at the	time, date	and place,	and due to the	cause(a) ar	nd menner as stated.
29	b. SIGNATURE AND TITLE OF CERTIFIE	R				,	29c. LI	CENSE NU	MBER		29d, DATE S	SIGNED (M	forith, Day, Year)
0	Dant R	me	7000-	1	mal		1	198	71		15	122	3-91
	NAME AND ADDRESS OF PERSON WE	O COMPLETED CAL	ISE OF DEATH (IT	FM 2TI (TVD							-		/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

JUN U 3 1991

22. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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EN	TOR:	28 1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may we see the house that the hospital or attended to the control of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pare 5 ment he described for use a be filled within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMENT CERTIFICATE		MENTAL HYGIENI REG. NO.	E ) (	14050
1. DECEDENT'S NAME (First, Middle Fil 1 72 he	th M. Humphrev			2. DATE OF DEATH DATE   DATE		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-28-8046 9a. FACILITY NAME (If not institute)	5. SEX 6. AGE (in )	yrs. lest birthday) IF UNDER 1 YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-28-19	02 1	RTHPLACE (State or Foreign unity) [ary] and
			town or location of di alto.	EATH	9c. COUNTY O	timore
10a. STATE 10b.	COUNTY Baltimore	10c. CITY, TOWN OF	timore			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER  809 Rosed  11. Marrital STATUS  1 Never Married 2 Marri		100,45	101. ZIP CODE	7	10g. CITIZEN C	OF WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U	2 ₩NO #	AS DECENDENT OF HISPA yea, specify Cuben, Mexici YES 2 NO Specif	NIC ORIGIN? (Specify Yes in, Puerto Rican, atc.)	or No- 14. R	ACE — American Indian, ilack, White, etc.
15. DECEDEN (Specify only high Elementary Secendary (0-12)  17. FATHER'S NAME (First, Middle, Tologo, South	T'S EDUCATION est grade completed)  College (1-4 or 5+)	6a. DECEDENT'S USUAL OC (Give kind of work done do life. Do NOT use retired.)  Homemake	ring most of working	16b. KIND OF BUS	OM C	Υ
17. FATHER'S NAME (First, Middle, John Seub	1 - 7	TOWN THE TOWN	111.	ME (First, Middle, Meiden		
19s. INFORMANT'S NAME (Type/Pr			(Street and Number or Rural	Route Number, City or Town	n, State, Zip Code	
20a. METHOD OF DISPOSITION  1 M Burial 2 Cremetion 3  4 Donation 6 Other (Spec	☐ Removal from State 20b. F	PLACE OF DISPOSITION (Name of Place) Redeen	e of commency, crometory or ner Cemete	20c. LO	CATION — City of	r Town, State
21. SIGNATURE OF FUNERAL SEE		I	AME AND ADDRESS OF FA Hartley Mi 7527 Harfo	ller Fun	alto. eral H	
	ee, or complications that caused to feiture. List only one cause on each a.  Due TO (0) As A C	Alon Preumo		ch as cardiec or respi	ratory arreat,	Approximate interval Between Onset and Dasti
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST						
PART II. Other algolficant co	onditions contributing to death but	t not resulting in the unc	ferlying cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEI EXAMINER? 1   YES 2   NO 27. MANNER OF DEATH	DICAL HOSPITAL:	OTHER	28. PLACE OF DEATH (C	heck only one)		
		tient 3 DOA 4 Nurs	ing Home 5 Paealdence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCURE	D
2 Suitaida	d not be mined 28e. PLACE OF INJURY - building, etc. (Specify	- At home, ferm, street, facto		261. LOCATION (Street a City or Town, State)	and Number or Re	iral Route Number,
occi only	NG PHYSICIAN: To the best of my knowled					se(a) and manner as stated.
29b. SIGNATURE AND TITLE OF			29c. LICENSE NU			NED (Month, Day, Year)

31. DATE FILED (Month, Day, Year)
JUN U 3 1991

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

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ON ALLENDING PRINCIPAL LINE IN TEQUINES DISCUSSION CONTINUES OF MACHINE AND MINES ARE INCOME.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors.	990
3	5	6
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JUN V 3 1991

. DECEDENT'S NAME (First_Middle, Las	Daisy I.	Hoffman	CATE OF DEATH	2. DATE OF DEATH NONTH DO 6-1-199	iv v	3. TIME OF DEATH
216-16-4070A	10 M 2 反 F 70	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 11-1-19	20	BIRTHPLACE (State or Foreign Country) Maryland
131 N. Duncal		8	Baltimore	EATH	9c. COUNTY	OF DEATH
Oe. STATE 10b. COUN	тү		timore			10d. INSIDE CITY LIMITS? 1 X YES 2 ND
131 N. Dunc	an St.		101. ZIP CODE 21231			S . A .
1. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1  YES 2 NO Specify	en, Puerto Ricen, etc.)	or No.— 14	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) Collège (1-4 or 5+)		SUAL OCCUPATION rk done during most of working retired.) ng Guard	166. KIND OF BU		тпу
7. FATHER'S NAME (First, Middle, Leat)  Mark Daniels				AME (First, Middle, Maiden		
Mr. Morris I.			DORESS (Street and Number or Aural N. Duncan St	Route Number, City or Tow	n, State, Zip Co	
0e. METHOD OF DISPOSITION  Description   Des	movel from State		ION (Name of cometer), crematory or 11 Crest Cem			
LEGNATURE OF FUNERAL SERVICE	LICENSEE T-DDe		22. N. UE AND ADDRESS OF FA	iller Fu	neral	
23. PART I. Enter the diseases, p shock, or heart fellur IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	a. List only one couse on a	d the death. Do no each line.  A CONSEDUENCE OF):		ch as cerdisc or resp	Iratory srres	Approximate Interval Betwee Onset and Deal
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	- As	A CONSEDUENCE OF):				
if any, Isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c DUE TO (OR AS	A CONSEDUENCE OF):		1 Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  III. Other significant conditions.  III. Other significant conditions.	d	A CONSEDUENCE OF):	the underlying cause given in 28. PLACE OF GEATH (COTHER:	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions to the condition of the condi	d	A CONSEDUENCE OF):	28. PLACE OF GEATH (COTHER:    Nursing Home 5   Residence OF   28c. INJURY AT	PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the condi	DUE TO (OR AS  d  ona contributing to death  HOSPITAL: 1   Inpatient 2   ER/Out 28e. DATE OF INJURY (Month, Day, Year)	petient 3 DOA 28b. Time	28. PLACE OF GEATH (COTHER:  Nursing Home 5 Residence OF 28c. INJURY AT WORK?  M 1 YES 2 NO	PERFOI  1 YES :  heck only one)  6 Other (Specify)	RMED?  INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are significant conditions.  15. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  d	Dut not resulting in  petient 3 DOA  28b. TIME INJUI  Y — At home, farm, str	28. PLACE OF GEATH (COTHER:  Nursing Home 5 Residence OF 28c. INJURY AT WORK?  M 1 YES 2 NO	heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State) a to the cause(a) and me	INJURY OCCU	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number;

32 REGISTRARIS SIGNATURE

DHMH-18 Rev 1/89

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traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the name to executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by a size and practical and complete be filed within 72 hours after death with the State Dept. of Health and Markey and prince to burial, cremismPORTANT: If Item 28 is marked, or Item 23 shows any in the complete event,

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CER	TIFICA	IE OF	DEATH	A	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	)				100	2. DATE OF D	EATH		3. TIME OF DEATH
Clarence		H:	cks			05	27 27	1991	7:10 P
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birt		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B			HPLACE (State or Foreign
			MONT		HOURS MIN.	(Month, Day 4/20	Year)	Coun	itry)
228-10-5320	1 M 2 - F	71:	RS.			4/20	/20		Va.
9e. FACILITY NAME (If not institution, give	street and number)		96.0	HTY, TOWN	OR LOCATION OF O	EATH	9c.	COUNTY OF	DEATH
12024 Non-6-11- Ann				Balti			D.	1+1-0	ore City
4302 Norfolk Ave	nue			Darti	more		De	al C Time	ne city
10a, STATE 10b, COUN	TY	100	c. CITY, TOV	N OR LOCA	TION				10d, INSIDE CITY
									LIMITS?
Md.			Dal	tomo	re				1 TYES 2 NO
10a. STREET AND NUMBER				10	1. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
4302½ Norfo	lk Ave.				21216			USA	
11. MARITAL STATUS		VED IN ILE ADMED		12 WAS DE	CENDENT OF HISPA	WC ORIGINA #	- alfa Van an Na	_	DE Assertana tadian
1 Never Married 2 # Merried	12. WAS DECEDENT F FORCES? 1	YES 2 NO			pecify Cuben, Mexic			Ble	CE — American Indien, ck, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYE	2 NO Speci	y:		1	odfy:
3 Wildowed 4 Divorced					11			Afr	r, American
15. DECEDENT'S ED	UCATION		ENT'S USUA			16b. KINI	OF BUSINES	S/INOUSTRY	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	ina or work at NOT use <b>re</b> tin	ne aunng m id.)	ost of working				
Crementally (0-12)	College (1-4 of 5 +)								
17. FATHER'S NAME (First, Middle, Last)	0.114				18. MOTHER'S NA			me)	
Walter	Gilliam			1	Li	.11y H:	icks		
19a, INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDE	ESS (Street	and Number or Flural	Route Number, C	ity or Town, Stat	le, Zip Code)	
Ruth N. Hicks					k Ave. B			1216	
20a. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Re	movel from State	20b. PLACE AND				DATE	20c. LOCATIO	N — City or	Town, State
4 Donation 5 Qther (Specify)		of cemetary, cre Md. N	ation	al Ce	em.		Laur	el. Mo	1.
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	11			ND ADDRESS OF F	CILITY			
. 7 0 /	and to	10	- 1	Est	ep Broth	ere Fu	nerel I	Home F	Δ
1 CCC	1 Val	W			300 Eute				
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	R AS A CONSEQUE	NCE OF):			V			
that initiated events resulting in death) LAST	d								
PART II. Other eignificent condition	mellity	eeth but not reau	illing in the	underlyi	ng cause given in		YES 2	7	No. WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				00 1	M ACE OF PEATLS OF	back ontriner)			
EXAMINER?	HOSPITAL:		OT	4FR.	PLACE OF DEATH (C				
1 XYES 2 NO	1 🗌 Inpatient 2 🗆 E	R/Outpetient 3	DOA 4	Nursing Ho	me 5 A Residence	6 Other (Sp	ecify)		
			- THE OF	20- 10	JURY AT	28d. DESCRIE	BE HOW INJUR	V OCCUPED	
27. MANNER OF DEATH	28e. DATE OF IN		Bb. TIME OF	20G. IF	ODEN THOU			COCONEO	
1 Natural 8 Pending	(Month, Day,		INJURY	W	ORK?			OCCORED	
1 Natural 8 Pending Investigation	(Month, Day,	Ybar)	INJURY	M 1 🗆	YES 2 NO				d South Mark
1 Natural 8 Pending 2 Accident Investigation 3 Suicide 8 Could not b	(Month, Day,	Ybar)  NJURY — At home,	INJURY	M 1 🗆	YES 2 NO	281. LOCATIO			of Route Number,
1 Natural 8 Pending	(Month, Day,	Ybar)  NJURY — At home,	INJURY	M 1 🗆	YES 2 NO	281. LOCATIO	N (Street and N		il Route Number,
1 Natural 8 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMI	(Month, Day.  28e. PLACE OF I building, etc  //SICIAN: To the best of my	NJURY — At home, c. (Specify)	INJURY form, street,	fectory, off	ORK? YES 2 NO	281. LOCATIO City or To	N (Street end Ni wn, State)	umber or Rura	
1 Natural 8 Pending Investigation 1 Suicide 8 Could not b determined 29e. CERTIFIER (Check only 1 CERTIFYING PHY	(Month, Day.  28e. PLACE OF I building, etc  //SICIAN: To the best of my	NJURY — At home, c. (Specify)	INJURY form, street,	fectory, off	ORK? YES 2 NO	28f. LOCATIO City or To	N (Street and Nown, State) ) and manner a place, and due	umber or Rura	
1 Netural 8 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	(Month, Day.  28e. PLACE OF I building, etc  //SICIAN: To the best of my	NJURY — At home, c. (Specify)	INJURY form, street,	fectory, off	ORK? YES 2 NO ce te end place, end du deeth occured et th	261. LOCATIO City or To e to the cause(e e time, date end	N (Street and Nown, State) ) and manner a place, and due	se stated.	e(e) end manner ee stated ED (Month, Day, Year)
1 Natural 8 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 200. CERTIFIER (Check only one) 2 MEDICAL EXAMI	(Month, Day,  28e. PLACE OF I building, etc  //SICIAN: To the best of rm  NER: On the basic of exam  IER	NJURY — At home, (Specify) y knowledge, death nination and/or inve	INJURY ferm, street, occurred et	factory, off	ORK? YES 2 NO ce le end place, end du deeth occured et th	261. LOCATIO City or To e to the cause(e e time, date end	N (Street and Nown, State) ) and manner a place, and due	umber or Rura	e(e) end manner ee stated
1 Natural 8 Pending Investigation 3 Suicide 8 Could not be determined  29. CERTIFIER (Check only one) 2 MEDICAL EXAMI	(Month, Dey.  28e. PLACE OF I building, etc  (SICIAN: To the best of my NER: On the basic of examiner  WHO COMPLETED CAUSE	NJURY — At home, (Specify) y knowledge, death nination and/or inve	injury  ferm, street, occurred et estigation, in	factory, off	ORK? YES 2 NO ce te end place, end du deeth occured et th	28f. LOCATIO City or To e to the cause(e e time, date end	N (Street end M wn, State)  ) end manner a place, end due	se stated. To the couse. TO DATE SIGNI	e(e) end manner ee steted ED (Month, Day, Year) 28 1991

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STATE

1. DECEDENT'S NAME (First, Middle, Lest)

4. SOCIAL SECURITY NUMBER

212-07-5595

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1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY TOWN OR LOCATION OF DEATN St. JOSEPH HOSPITAL TOWSON RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10h COUNT MARYLAND BALTIMORE TOWSON 10a STREET AND NUMBER 10f. ZIP CODE 21204 800 SOUTHERLY ROAD 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerio Rican, etc.)

1 YES 2 NO Specify: 2 NO 24 hours after death. Page 6 may be retained by the hospital or attending physical in the time in the financial infraction page 5 should be detached for use as the burn. 1 Never Married 2 Married 3 🕅 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) BOOKKEEPER UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) Ħ ELIZABETH PHILLIPS EDGAR H. HASLUP notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 36 SOUTH CHARLES ST., BALTO., MD. 21201 HURST HESSEY 9 20s. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE must GREEN MOUNT CEMETERY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME 11 lec Man 3818 ROLAND AVENUE medicai 23. PART I. Enter the diseases, or complications that yoused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final event, the Septic Stock disease or condition resulting in desth) OUE TO (OR AS A CONSEQUENCE OF): Spiration Phoniumo Thespirator traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Bourd clastruction CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 any injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL fraere mout s certificate has been signed th the State Dept. of Health id, or item 23 shows an wat Fai ngestive PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 8 Residence 8 Other (Specify) 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT this c marked, 1 Natural 5 Pending investigation M 1 YES 2 NO BY After death 2 Accident 28s. PLACE OF INJURY — At home, farm, etreet, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 40 DIRECTOR: A hours after d item 28 is COMPLETED 4 Homicide TO THE FUNERAL DIRECT
be filed within 72 hours at
IMPORTANT: If item 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated 2 🛄 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER MERICAL 물 BE Richard L.L D31826 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Linthicum MD Saint-Josep Kichard Julia Deviden - ANTHORE 31. DATE FILED (Month, 1991

Herring

6. AGE (In yrs. last birthday)

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CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS

HOURS

91 14899 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH MONTH 3. TIME OF DEATN 30 945 a m 7. DATE OF BIRTH (Month, Day, Year) 04 14 8. BIRTHPLACE (State or Foreign MARYLAND 02 9c. COUNTY OF DEATH BALTIMORE 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indien, Black, White, etc. Specify: WHITE 16h, KIND OF BUSINESS/INQUSTRY MARTIN BROS. 20c. LOCATION — City or Town, State BALTO.. BALTO. **Approximata** Interval Between **Onset and Dasth** Failux 24a. WAS AN AUTOPSY PERFORMED2/ 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 TYES 2 T NO 28d, DESCRIBE NOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Dev. Year) 15-30-91

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag	nust
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105	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the stand within 72 hours after death with the State Dent, of Health and Mental Houlese bring to burial, evenation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
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		FOR STATE REGISTRAR		STATE OF I	WARYLA			TMENT				MEN	TAL HYGIEN				
	1	1. OECEOENT'S NAME (First,	1 1	unts be	Dani	el	Grin	Hunt	sb	erge	r, J	2.0	ATE OF DEATH	DAY	91 AR	3. TIM	OF DEATH
		4. SOCIAL SECURITY NUMB 216 18 9211	BER	5. SEX 1 X M 2 F	di-AGE (In	1 yrs. las 68	t birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. 0	ATE OF BIRTH		8. BIRTI Count	try)	State or Foreign
-1		9e. FACILITY NAME (# not in	nstitution, give s	treet end number)		-		9b. CITY, 1	OWN C	OR LOCAT	ION OF DE	EATH		9c. COL	I Peni		vania
	DIRECTOR	Loch Raver	n VA M	edical Ce	nter			ВА	LT	IMO	RE_				ity		
Α	E	10e. STATE	10b. COUNTY	1			10c. CIT	Y, TOWN OR	LOCAT	TION						10d. IN	SIDE CITY
1		MD		City			В	altimo	_							1 🖾 X	MITS? ES 2 NO
	FUNERAL	100. STREET AND NUMBER 1235 James		et						2122 2122					S.A		DUNTRY?
	S	11. MARITAL STATUS	,	12. WAS DECEDER	NT EVER IN	U.S. AR	MED	13. W	AS DEC	ENDENT	OF HISPAN	VIC OF	RIGIN? (Specify Ye	e or No-	14. RAC	E — Ame	ricen Indien,
	ВУ	1 Never Merried 2 3 Widowed 4 Divo	*	FORCES? IF YES, GIVE V	MAR OR DAT		10				en, Mexice Specif		erio Ricen, etc.)		Spec	ok, White,	ite
	TED	(Specify only	EDENT'S EDU y highest grade	completed)		(G		USUAL OCC			ing		16b. KIND OF BU	JSINESS/IN	DUSTRY		
.,	COMPLET	Elementery/Secondary (0	0-12)	College (1-4 or 5	+)			enter					Retir	ed			
ouce	SO	17. FATHER'S NAME (First, M		-1	٥.								irst, Middle, Meide				
ed at	BE	Daniel Grin		sberger	, Sr.	101	h MAII ING	A DODESS /	Stroot :				Mae Jump		in Code)		
notif	2	Daniel G. H		erger, I	II			James					imore,			23	
must be notified at once		20a. METHOD OF DISPOSIT 1 Buriel 2 Cremetic 4 Donetion 5 Other	on 3 🗆 Rem	oval from State	20b. MD	PLACE other place	of DISPOS tate	Vet.	of cer	metery, cre m Ga	matory 5	70: or.	3/91 20c. L Gar	cation -	-		le (
ner		21, SIGNATURE OF FUNERA	L SERVICE LIC										Dippel	Fun	eral	Hom	e, Inc.
ехаш		1 m	antin	J. 2	PRE	19	٤.	73	L10	Bel.	air :	Ro a	ad Balt	imor	e, M	D. 2	1206
vent, the medical examiner		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Brain Mass  oue TO (OR AS A CONSEQUENCE OF):											nterval Batween				
or other traumatic event, the	ATION	Sequentisily list conditions, If any, isading to immediate cause. Enter UNDERLYING															
r other t	RTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST															
injury, o	S																
any	EDICAL	PART II. Other significa	ent condition	is contributing to	o desth bu	ut not r	resulting	in the und	eriyin	g csusa	givan in	Part	0.000	RMED?	24	AVAILA	AUTOPSY FINDINGS BLE PRIOR TO JETION OF CAUSE ATH?
Shows	Σ	-														1 🗌 Y	ES 2 NO
Hem 23	CIAN	25. WAS CASE REFERRED T	TO MEDICAL						26. P	LACE OF	OEATH (C)	neck o	nly one)				
or He	SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpa	ntient 3	□ DOA	OTHER:	ng Hon	ne 5 🗆 F	Residence	8 🗆	Other (Specify)				
marked, o	BY PHYSI	27. MANNER OF DEATH  1 Netural 5  2 Accident	Pending Investigation	28e. OATE O (Month,	F INJURY Day, Ybar)		28b. TIN	NE OF 2	WC	JURY AT ORK? YES 2	_ NO	28d	DESCRIBE HOW	INJURY O	CCUREO		
28 Is	ETED E	2 D Sudalda	Could not be determined	28e. PLACE building	OF INJURY	— At ho	eme, farm,	street, factor	ry, offic	:e		281.	LOCATION (Stree City or Town, State		er or Runal	Route Nu	imber,
NT: If Item	COMPLE	one)		ICIAN: To the best of												(s) and m	senner as stated.
IMPORTANT:	BE	296. SIGNATURE AND TITLE	E OF EENTIFIE	м						29c. Life	CENSE NU	MBER		29d. DA	5/3/	0 (Month,	Day, Your)
	TO.	30. NAME AND ADDRESS OF	F PERSON WI	OS O I +	USE OF DEA	ATH (ITE	M 27) (Type	, Print)							1	/	

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BALTIMORE, MARYLAND 21215-0020

THE DING PHYSICIAN: The law requires that the death cardificate be executed within 24 hours	SIIIG	품:	SICIAN	Ē	e law	, requ	lires .	that	The state of	death	certi	ficate	90	ENGCE	peu	within	24	2 4
SECTION.	Talle	This	CARTING	210	138				Ě	ZTE	DI UI	SAUG	2		COU	DICTER	A 7116	0
				200	3			2			2					2	2	)

1. DECEDENT'S NAME (First, Middle, Las			02.11.11	O/AIL O	F DEATH	2. DATE OF DEATH		EAR 3.	TIME OF DEATH	
Mabel A. Jac							199 <sup>4</sup>		3:00 Pm	
4. SOCIAL SECURITY NUMBER 214-01-4070	5. SEX	6. AGE (in y	rs. last birthday) YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 10-5-19	1	Country)	more, Md.	
9a. FACILITY NAME (If not institution, give	e street and number)			9b. CITY, TOW	N OR LOCATION OF DE	ATH	9c. COUNTY			
2023 Bear Ric	dge Rd.,	Apt.	# 10	2 D	undalk		Balt	timo	re	
RESIDENCE OF DECEDENT	NTY	_	10c, CIT	Y, TOWN OR LOC	CATION			100	I, INSIDE CITY	
Md. Bal	ltimore			ndalk	*******			120	LIMITS?  YES 2 X NO	
10e. STREET AND NUMBER	retmore.		Dui		10f. ZIP CODE		10g. CITIZE		COUNTRY?	
2023 Bear Ric	dge Rd.,	Apt.	# 10:	2	21222		U.S.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 <b>HO</b>	If yes,	ECENDENT OF HISPAN apocify Cuban, Mexica ES 2 NO Specify		ea or No 14	Specify:		
16. DECEDENT'S E	DUCATION ade completed)	16		USUAL OCCUPA		16b. KIND OF BU	JSINESS/INDUS	TRY		
Elamentary/Secondary (0-12)	College (1-4 or 5		Ifm. Do NOT us	se retired.)		013 =				
Unknown			Execu	cive S	ecretary			Y		
17. FATHER'S NAME (First, Middle, Last) Thomas Beaver	Aton					ME (First, Middle, Maide) ICCLOUD	n Sumame)			
	. ALEII									
June Danza						Route Number, City or To			4.4	
		-					OCATION CH			
20e. METHOD OF DISPOSITION 1 Burlel 2 Coremation 3 R	emoval from State	of con	notary cremeton	or other place)		1				
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	_ 1 GI	een Mo		AND ADDRESS OF FA	7   5-30-9	ı Ba.	Lto.	, Ma .	
· Pater	S. Ode	the		Brad	ley-Asht	on Funer	ral Ho	ome, unda	Inc. lk,Md.21	
23. PART I. Enter the diseases, I									Approximate Interval Between	
ahock, or heart failure. List only one cause on each line.										
disease or condition			C	mges.	five He	ord ta	lure		DAYS	
immediate cause (Fine) disease or condition resulting in death)  Due to (or as a consequence of):  Arter is sultrotic Heart Duese  YEARS										
Sequentially list conditions.	b		Ar	ter 103	Merotic	Heart.	Die	-	YEARS.	
If any, leading to immediate	DUE TO	O (OR AS A C	ONSEQUENCE O	F):						
CAUSE (Disease or Injury	C	2 (02 42 4 6	011050115105.0						<u> </u>	
that initiated events resulting in death) LAST	DOE	O (OR AS A C	ONSEQUENCE O	<del>*</del> );						
	d								<del> </del>	
PART II. Other algnificent condition	iona contributing t	o death but	not resulting	in the underly	ring cause given in	Part I. 24a, WAS A PERFO	N AUTOPSY DRMED? 2 10 100	AM CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C)	eck only one)				
1 TYES 2 NO	1 Inpatient 2			4 🗌 Nursing F	Iome 5 Residence					
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO										
2 Accident Investigation	2 Accident  3 Suicide 4 Homicida  28e. PLACE OF INJURY — Al home, farm, street, factory, offica building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
2 Accident Investigation 3 Suicide 6 Could not		g, ster (opeony,								

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31. DATE FILED (Month, Day, Year)
JUN U 3 1991

ORESS OF PERSON WHO COMPLETED CLUSE OF DEATH (ITEM 27) (Type.

VENERA CON JRMO 137)

1991

Julia Pavidson-Randelle

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BAL TAMOL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and the law requires that the death certificate be executed within 24 hours and the law requires that the death certificate be executed within 24 hours and the law requires that the law requires that the death certificate be executed within 24 hours and the law requires that the death certificate be executed within 24 hours and the law requires that the death certificate be executed within 24 hours and the law requires that the death certificate be executed within 24 hours and the law requires that the death certificate be executed within 24 hours and the law requires that the law requires that the law requires that the law requires that the law requires the law requires that the law requires the law	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to the inner all rector,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal and a second sec	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
9	iours artic	d fathur	or removat	medical
	2	y fille	tion,	the
,097	d within	отрleteh	J, crema	event,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	execute	n and ci	to buria	matte
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0	artifica	ng ph	giene	other
<u>.</u>	uth c	tendi	E F	6
DS,	the dea	the at	d Ment	injury,
OR	that	ed by	th an	any
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2	ENDI	R: A	er de	100
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	HOS	FUN	WH	TAN
	TO THE	THE OT	be filed	IMPOR

	1 - STATE REGISTRAR	STATE OF MARYL			OF DEA			GIENE		
-	1. DECEDENT'S NAME (First, Middle, Last) ADELL N	EADLINEJOP	POTHY	) JORE	AN		2. DATE OF DE MONTH	EATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 056219145	5. SEX 8. AGE	(In yrs. lest birthday)	IF UNDER 1 Y	YEAR IF UNDE	MIN.	7. DATE OF BII (Month, Day,	Year)	Cour	HPLACE (State or Foreign stry)  ryland
OR		treet and number)	179L		LTIM			9c. CO	unty of na	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		10c. CI	TY, TOWN OR						10d. INSIDE CITY LIMITS?
	MD  100. STREET AND NUMBER	na ———		Balt	imore	DE		10a, C	ITIZEN OF	X☐ YES 2 ☐ NO WHAT COUNTRY?
FUNERAL	1400 E. Madisor	Street				205			USA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (	2 NO	If y		an, Mexica	n, Puerto Rican,	ecity Yes or No-	14. RAI Bla	CE — American Indian, lek, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Ille. Do NOT u	work done dur use retired.)	ing most of worl	idng	16b. KIND	OF BUSINESS/II	NDUSTRY	
OMF	9yrs 17. FATHER'S NAME (First, Middle, Last)		HC	omemak		THER'S NA	ME (First, Middle,	Malden Surname	)	
BE C	Joseph Clayt	on						Neal		
TO B	19a. INFORMANT'S NAME (Type/Print)							ty or Town, State, 2		
	Mary Gardner	21	6313		-	e Sp		Balto.	_	
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		cemelary, cremator				DAIL		only or	
	21 argnature of Juneral Service Li	Rohald Wa	de, Dir /28/91		W. Ba		Stat	te Anato.,		
	shock, or/heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)		A CONSEQUENCE	OF):				4)		Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	· DIAB	A CONSEQUENCE	MEZ		ATT	<b>(7</b>			
SICAL	PART II. Other significant condition	ns contributing to deeth	but not resulting	In the und	erlying couse	given in		WAS AN AUTOPS PERFORMED? YES 2 17 NO	Y 2	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF			521		
BY PHYS	27. MANNER OF DEATN  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TI	_	BC. INJURY AT WORK?		6 Other (Spe 28d, DESCRIB	E HOW INJURY C	OCCURED	
TED	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	Y — At home, ferm	, street, factor	y, office		28f. LOCATION City or Tox	N (Street and Numl vn, State)	ber or Rura	al Route Number,
BE COMPLETED	anal and	SICIAN: To the best of my kno ER: On the basis of examinati								e(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	ralio	MD		29c. LI	CENSE NU	MBER	29d. O	ST/2	ED (Morth, Day, Year)
	KOFINU.	NO COMPLETED CAUSE OF D	DD SA	oo, Print)	RITH	J H	OSPIT	AL, B	A	TIMORE
	JUN 3 199	32. REGISTRAR'S SIG	NATURE Ison-Rande	23						

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La Cont

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	ICATE O				rgiene g. no.		
	1. DECEDENT'S NAME (First, Middle, Las	0					2. DATE OF D	FATH	YEAR	3. TIME OF DEATH
8	RUTH 1	4. KROUPA					6-2-	1991	YEAR	м
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs, last birthday)	IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF BI	RTH	8. BIRTH	IPLACE (State or Foreign
	220-14-6655	1 M 2 X F	82 YRS.	MONTHS DAY	HOURS	MIN.	3-7-1	909	N.	J'.
	Se. FACILITY NAME (If not Institution, giv	street and number)		9b. CITY, TOW	N OR LOCAT	ION OF OE	ATH	9c. CO	UNTY OF C	DEATH
8	2606 E. Fayette	St.		Balt	imore					
DIRECTOR	RESIDENCE OF DECEDENT		1.0	ry, town or Lo						(mentioned and a second
2		414		,						10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER		Be	altimor						1 X YES 2 NO
FUNERAL	2606 E. Fayette	St.			21224				S.A.	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1	res 2 X NO	If yes,		en, Mexica	n, Puerto Rican,	ecify Yea or No— etc.)	14. RAC Blac Spec Whi	E — American Indian, k, White, etc.
8	15, OECEDENT'S E (Specify only highest gri	OUCATION	16a. OECEDENT'S	Work done during	TION	lan .	16b. KIND	OF BUSINESS/I	NDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT L	ise retired.)	most or work	my				
₩.	12 Yrs.		Homem	aker						
	17. FATHER'S NAME (First, Middle, Last)  Edward Coyl	ne				THER'S NA	ME (First, Middle, Kin	, Maiden Surname,	)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Stre				ty or Town, State, .	Zin Code)	
5	Robert C. Kroup	a. Sr.		Alta A					-p,	
	20a. METHOD OF DISPOSITION		20b. PLACE AND DAT				DATE	20c. LOCATION	— City or To	own, State
	1 X Burial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	emoval from State	of cemetary, cremator Dulaney Va			6	-6-91	Timonium		
	21 SIGNATURE OF FUNERAL SERVICE	LICENSEE	barak) va		AND ADDRE			12/10/12/01	1, 1 0.0	
	Roy H. Cather						Foor		01.0	1
	23. PART I. Enter the diseases, of									alto.,Md.21214
	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR	Hy mil						71200	Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR DUE TO (OR	AS A CONSEQUENCE (		thy cu	n) im				yns
	PART II. Other algnificant condit	iona contributing to dea	th but not resulting	in the underly	ring cause	given in	Part i. 24a.	WAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
CAL	11 milles/5	Cerral	12 Ford	Tue				PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED	1 Hyperta						—   'L	TES 2 UNINO		OF DEATH?
2	177	7001-					-		- 1	1 123 2 1140
AN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF	OEATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL:	/Outpetient 3 DOA	OTHER:			6 Other (Spe	no(64)		
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF INJ (Month, Day, )	URY 28b, TI	ME OF 28c.	INJURY AT WORK?			E HOW INJURY (	OCCURED	
BY	2 Accident Investigation	28s PLACE OF IN	JURY — At home, farm,		YES 2	_ NU	28t. LOCATION	N (Street and Num	ber or Posel	Route Number
TED	4 Homicide 8 Could not determined	pe   building, etc.	(Specify)	, across, motory, c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Tox		OF OFFICE	Tione Promises,
COMPLET	(Original Oriny	YSICIAN: To the best of my INER: On the basis of axam								(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CONTI	VIL			29c. Lf0	CENSE NUI	MBER 7 L	29d. D	ATE SIGNE	D (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Typ	e, Print)	2	, -				
	Dr. Simon V. S	calia, M.D.	, 2900 E.		t., B	alto	., Md.	21224		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S								
	- JUN 3 1331-	The state of the s								

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up the filled within 72 hours, after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	secondary, is them 30 to mended as them 32 chause one laters as what trainmely event the medical assumed he mailting of annual
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	THE OF IMPRICED	CERTIFICA	TE OF DEA	TH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Less)	Kuls	kí		2. DAT MON	TE OF DEATH	9 year	3. SINGE OF DEATH
A A I	SEX 6. AGE (In	yrs. lest birthday) IF U			e OF BIRTH	Cour	HPLACE (State or Foreign
98. FACILITY NAME (If not institution, give street		Ť	CITY, TOWN OR LOCAT	ION OF DEATH	2 23	c. COUNTY OF	DEATH
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	<u> </u>	10c CITY TO	WN OR LOCATION	, 1010			10d. INSIDE CITY
mo			ALTO.				LIMITS? 12 YES 2 NO
	ERN 1	PVE	10f. ZIP COL	1224	1	-	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 <b>3</b> 46	13. WAS DECENDENT If yea, specify Cub 1 YES 2 NO	en, Maxican, Puart		Bla	CE — American Indian, ck, White, etc.  City:  CHITE
15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	ON 1 1000 1 201ege (1-4 or 5+)	16e. DECEDENT'S USU. (Give kind of work of Me. Do NOT use reti	done during most of work	ing 1	6b. KIND OF BUSIN	ESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)  ANTHONY	KINE		1.11		t, Middle, Malden Su		lan
19a. INFORMANT'S NAME (Type/Print)	RULSA		RESS (Street and Numb				AK
FRANCE IRI			GOUGH			TION - City or	
20e. METHOO OF DISPOSITION 1. Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		other efect	N (Name of cometery, cress) SAAUS  22. NAME AND ADDR				
21. SIGNATURE OF FUNERAL SERVICE LICENS	1. mile	(2)	EDWAR	0 J. 6	WEUER IESTER	FUNE	RAL HOME
23. PART 1. Enter the diseases, or some shock, or heert fellurer List immediate CAUSE (Final disease or condition resulting in death)	B AST P	CONSEQUENCE OF):	onter the mode of do				Approximete Interval Between Onset and Death
Sequentially liet conditions, if any, leading to immediate	DUE TO JOR AS A C	CONSEQUENCE OF):					
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO OR AS A	CONSEQUENCE OF):					
C 4.	run				1		
PART II. Other significant conditions of	ontributing to death but	t not resulting in th	na undarlying cause	given in Part I.	1 YES 2	ED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?  1  YES 2 NO
	IOSPITAL:	tient 3 DOA 4 D	26. PLACE OF TER: 1 Nursing Home 5 🗆 I	DEATH (Check only			
27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF		28d. [	DESCRIBE HOW INJ	URY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be detarmined	26e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, stree	t, factory, office	26t. L	OCATION (Street endity or Town, State)	d Number or Rure	I Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (	N: To the best of my knowle On the baela of axamination						e(s) and manner as stated.
29b. Shakarujin nako tittul on dunta ken			29c. LI	Z84	61	29d. DATE SIGNI	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CO	HMD 52	TH (ITEM 27) (Type, Print	sternA	ue B	HO M	DZ	224
31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGNA  Sevidson-Pondo	TURE	7.20				
JUN 3 1991 9200	1					_	DHMH-16 Rev 1/89

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BAL I IMORE, MARYLAND 21215-0020	. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending the standard private and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, HOLDEN 68/60,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deam overward within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending the second to burial, to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, to	
	TO THE	TO THE be filed	

IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF						G. NO.	E			
- 1	1. DECEDENT'S NAME (First, Middle, Last)	(C-17-13)						2. DATE OF DI	EATH DA	v	YEAR	3. TIME OF DE	ATH
1	Parker H	King						5	3		91	5:30	AM
	4. SOCIAL SECURITY NUMBER		E (In yrs. leat birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI (Month, Day.	RTH Year)		Countr	IPLACE (State or	Foreign
	220090770	1 № M 2 🗆 F	69 YRS.					(Month, Day, 11-4-1	1921		Ma	ryland	
~	9a. FACILITY NAME (If not institution, give	street and number)				OR LOCATION	ON OF DE	ATH			NTY OF D		
0	Doctors Hospital			Seal	broc	ok				Priv	ice (	George	
DIRECTOR	10a. STATE 10b. COUNT	ince George		TY, TOWN OF	R LOCA	TION						10d. INSIDE CI'LIMITS?	
	10e. STREET AND NUMBER				10	1. ZIP COD	E		-	10g. CIT	IZEN OF V	WHAT COUNTRY	•
ER/	3015 Tanbark Lane	2				2071	5			l	1.S.A	١.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 7 YES	8 2 NO	] Н	yes, sp		n, Maxicar	IC ORIGIN? (Sp n, Puerto Rican,		or No—	14. RACI Black Spec	E — American in k, White, atc. lly: White	
ED	15, DECEDENT'S EDU		16a. DECEDENT	S USUAL OC	CUPATION	ON		16b. KIND	OF BUS	SINESS/INI	DUSTRY	will	
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)		work done duse retired.)		oat of world	ng		_				
MP		4	Genera	al Ago	ent				Insi	ıranı	ce		
00	17. FATHER'S NAME (First, Middle, Last)	0' 71				18. MOT		ME (First, Middle,			10		
BE		liam Thomas						sella				l.	
7	199. INFORMANT'S NAME (Type/Print)  Mary Louise Smith	h-Clarkson		g address Dewey				loute Number, Cl	co Town		0304		
-	20a. METHOD OF DISPOSITION  1 © Burlal 2 Cremation 3 Rar  4 Donation 6 Other (Specify)	noval from State	COD, PLACE AND DA	TE OF DISPO	SITION (ace)	(Name		DATE			City or To		
	21. SIGNATURE OF FUNERAL SERVICE L	1 1/1										ME, IN	
	23. PART I. Enter the diseases of shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. AM	ed the death. Do each line.  MAMU  B A CONSEQUENCE	not enter					or respi	ratory ar		Approxi	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE		V								
PHYSICIAN: MEDICAL CI	PART II other significant condition	Berech	f Pull	in the un	derlyin	y K	USE	100	WAS AN PERFOR		241	MERE AUTOPSY AMALABLE PRIC COMPLETION O OF DEATH?	ON TO F CAUSE
IAN	25. WAS CASE REFERRED TO MEDICAL	T			26. P	LACE OF D	EATH (Ch	eck only one)					
SIC	EXAMINERT	HOSPITAL:	utpetient 3 🗆 DOA	OTHER 4 Thur	1	-1000000	NAME OF THE	6 Other (Spe	ecful.				
H	27. MANNER OF DEATH	28s. DATE OF INJUR	V 286, T	ME OF	29c, 74	JURY AT		28d. DESCRIB		NJURY O	CCURED		
ВУ Р	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year		MUURY		YES 2	□ NO						
	3 Suitifie 8 Could get be 4 Homicide destinated	28e. PLACE OF INJU building, etc. (5)	RY — At home, farm pecify)	, street, fact	ory, offi	cie .		28f. LOCATION City or Xia			er or Flure!	Poute Alimber	
COMPLETED	000)	SICIAN: To the best of my kn		-								(s) and manner s	s stated.
BE CO	296. SICHATURE AND THE POP CENTIFIC		10th	11		-	216					Month, Day, Ye	
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) NJ	pe, Print)		-	10	01/	<u> </u>		7 .	0-11	

JUN 0 3 1991

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this carrificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSIOTAR. The Jan requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State-Bept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: It liem 28 is marked, of tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M	IARYLAND /			OF HEALT		MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) DORA M. MILLER	(A.K.A.	- Mat		-			2. DATE O	F DEATH DAY		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less		IF UNDER	YEAR IF UN	DER 24 HRS.	7. DATE OF		<del></del>		ACE (State or Foreign
	215-44-1157	1 🗆 M 2 💢 F	78	YRS.	MONTHS	DAYS HOUR	B MIN.		22.19	12		LAND
_	Sa. FACILITY NAME (If not institution, give :					TOWN OR LOC					TY OF OEAT	TH .
DIRECTOR	2002 McHENRY STE	REET			BA	LTIMORE	4					
E I	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	A LOCATION					10	d. INSIDE CITY
8	MARYLAND			В	ALTIM	IORE					1	YES 2 NO
FUNERAL	100. STREET AND NUMBER 2002 McHE	NRY STREE	ET			101. ZIP C					S.A.	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEOENT FORCES? 1 IF YES, GIVE W	YES 2-N	MEO (O	P P	MAS DECENDEN yes, specify Co	iban, Maxic	an, Puerto Ric		or No 1	14. RACE	American Indian, rhita, etc. WHITE
TED	15. OECEDENT'S EOL (Specify only highest grade Elementary/Secondery (0-12)		(G	CEDENT'S	USUAL OC work done of se retired.)	CUPATION luring most of wo	riding		UND OF BUS			31.73
COMPLETED	8th GRADE	College (1-4 or 5 +	,	FOLD	ER			C AME (First, Mic			ENVEI	LOPE CO.
BE CC	(UNKNOWN) GREEN					В	arbai	ra Mur	ray			
10	192. INFORMANT'S NAME (Type/Print) PATRICIA CROGHAN		9	02 P	INE I	(Street and Nurr HEIGHTS	AVE	NUE, B	ALT IM	ORE,	MD.	21229
	20a, METHOD OF DISPOSITION 1	noval from Stata	of cometens	oramaton	or other o	SITION (Name lace) EMETERY		6/3		CATION C	•	, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	7	/		NAME AND ADD						
3	* Jees	G-4	-	4/1		BBARD 1					DE M	D. 21229
	23. PART I. Enter the diseeses, or	complications that	t caused the de	ath. Do	not enter	the mode of	dying, su	ch ea cerdi	ac Dr reapl	ratory arre	at,	Approximata
	ahdok, or heart fallure.  IMMEDIATE CAUSE (Fine)											Onset and Death
	diseese or condition resulting in death)	a. Metasi	stic +	1000	inn	1 100	tal	Care	inon	na		Syrs
_		DUE TO	(OR AS A CONSEC	DUENCE O	F):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	OUENCE O	F):							
FIC	CAUSE (Disease or Injury that initiated events	c	(OR AS A CONSEC	OUENCE O	F):							
ERT	resulting in death) LAST	d										
	PART II. Other algnificent condition	na contributing to	death but not r	resulting	in the un	derlying caus	e given i	n Part i.	24a. WAS AN			ERE AUTOPSY FINDINGS
ICAL								_ 1	PERFOR		0	MAILABLE PRIOR TO OMPLETION OF CAUSE
MEDI												F DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	District of		OTHER	R: A	1	Check only one				
HYS	1 TYES 2 NO 27. MANNER OF GEATH	1 Inpetient 2 28a. DATE OF	INJURY	26b. TIA	E OF	28c. INJURY A		6 Other	(Specify)	NJURY OCC	URED	
ВУ Р	1 Natural 5 Pending Investigation	(Month, D			JURY M	WORK?	2   NO					
TED	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At ho etc. (Specify)	one, tarm,	street, suct	ory, office			TION (Street i r Town, State)	ina numoer o	or Murai Mou	ne Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICAL EXAMIN	ER: On the basis of a										nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	ER D				29c.	39:	UMBER 587		29d. DATE	31/	fonth, Day, Year)
2	Dr Stephen	ADUSSIS,	SE OF DEATH (ITE			EMILE	BATTT	MODE	MD	21220		
	DATE OTHING	e CIT CICIO TEL		TIME	ND AV	DIVIDE	DALLI	LITURE	1411	11/19		
	31. DATE FILED (Month, Day, Year) JUN 0 3 1991	12. REGISTRA	SIGNATURE						112			

ent permit. Pages 1, 2, 3 should

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ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pa	STOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	
after	by the	moval
DOUTS	u p	or re
54	file	Don,
within	npietely	after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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-	cate	State
ICIA	Sertif	the
PHYS	this	with
SING	After	death
TEN	JOR:	after

1. DECEDENT'S NAME (First, Middle, Last)		CI						2 DATE	REG. NO	J.		3. TIME OF DEATH
FLORENCE MCQUEE!	N							MONTH	5	31	YEAR QI	6:15 P
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (	Dey Year)		8. BIRT Coun	THPLACE (State or Foreign
212-42-1361	1 🗆 M 🗶 💢 F	66	YRS.						- 25 -	_		S.C.
Se. FACILITY NAME (If not institution, give				-		R LOCATIO				9c. COU	NTY OF	DEATH
UNION MEMORIAL HO	OSPITAL			Ва	ltir	nore	, Mar	vlan	đ			
10s. STATE 10b. COUNT	Y			TY, TOWN								10d. INSIDE CITY
MD			В	ALTI	MOR	Ε,	CIT	Υ				1 X YES 2 NO
10e. STREET AND NUMBER		1.0.1			101	. ZIP CODI						WHAT COUNTRY?
5220 YORK RO							212				JSA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. AF I YES 2 X MAR OR DATES	RMED NO	- 1 2	If yes, sp	ENDENT Cooling Cuba 2 NO	n, Mexica	n, Puerto F	? (Specify Y lican, atc.)	es or No—	14. RAC Bla Spe	CE — American Indian, ck, White, atc. BLACK
15, DECEDENT'S EDU (Specify only highest grad		16a. DE	ECEDENT'S	S USUAL O	CCUPATIO	ON working		16b.	KIND OF B	USINESS/INI		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT a	use retired.)		or or mornin						
10th		H	ous	<u>ewif</u>	е							
17. FATHER'S NAME (First, Middle, Last)  MORRIS MOOF	) [								iddle, Melde 3 U R G I			
19a. INFORMANT'S NAME (Type/Print)												
GLADYS MOOF	F									own, State, Zij		. 21202
20p. METHOD OF DISPOSITION	\ L	20b. PLACE					51.			OCATION -		
1 Donation 5 Other (Specify)	noval from State	B'Ametan					/	i OAII		LTIM(		
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE					NO AOORE		CILITY				,
Λ												
D 10 1	- 42-		1	l w		. M.A	ARCH	F.I	H. 1	101 E	- 1	NORTH AV
D. Varan	e Wa	at caused the d	aeth Do		M.C		-					
23. PART I. Enter the diseases, or ahock, or heart failure.					M.C		-					Approximats Interval Betw
23. PART I. Enter the diseases, or	. List only one cer	use on aech lin	•.		M.C		-					Approximats Interval Betw Onset and D
23. PART I. Enter the diseases, or ahock, or heart fellure.	List only one cer	use on sech line	e. CVA	not anta	M.C		-					Approximats Interval Betw Onset and D
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	s. BR	NOTEM (OR AS A CONSE	e. CVA	not anta	M.C		-					Approximats Interval Betwoonset and D
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	s. BRV DUE TO	NOTEM (OR AS A CONSE	CVA	not antai	M.C		-					Approximate Interval Betwoese and Do 24-36
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING	BRU DUE TO  B. HTT	NUSTEM O (OR AS A CONSE	CVA	not antai	M.C		-					Approximats Interval Betwonset and D 24-36
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

l	1. DECEDENT'S NAME (First	Middle, Last)	C.							2. DATE OF	F DEATH DA		YEAR	3. TIME	OF DEATH	
	John				MALI	NOSK	(Y			June		991	TEAR	12	2:30 F	4 M
	4. SOCIAL SECURITY NUME 202-18-82	78	5. SEX	8. AGE (In yrs. lass	birthday) YRS.	IF UNDE	DAYS	HOURS	24 HRS. MIN.	7. DATE OF (Month, May	BIRTH Day, Year)	190	6. BIRTH	Pen:	State or Forei	gn
OH OH	9a. FACILITY NAME (II not in Franklin	Squa	The contract	ital		30.	y, TOWN (		ON OF DE	ATH		177	alti		<u> </u>	
5	RESIDENCE OF DEC	10b. COUNT	ry		10c. CIT	Y, TOWN	OR LOCAT	ION						10d, IN	SIDE CITY	
DIRECTOR	Md.			-		В	alt	imor	e					1000	WITS? ES 2 NO	0
	10e. STREET AND NUMBER						10	ZIP COD				10g. CITI	ZEN OF	WHAT CO	UNTRY?	
FUNERAL	3020 Gl	enmor	e Ave.					212	214				US.	Α.		
B	11. MARITAL STATUS 1 Never Married 2 3 Nidowed 4 Divo		FORCES?	NT EVER IN U.S. AR 1 YES 2 N WAR OR DATE:		13.	If yes, sp		n, Maxica	NC ORIGIN? n, Puerto Ric /:		or No-	Blac	k, White,	hite	
G	15. DEC	EDENT'S ED	UCATION	16a. DE	CEDENT'S	USUAL (	OCCUPATION TO	ON set of world	0/7	16b, R	UND OF BUS	BINESS/INC	USTRY			
COMPLET	Elementary/Secondary (0	-	College (1-4 or 5	H/a	Do NOT us	se retired.,	ter				Au	to				
BE CON	17. FATHER'S NAME (Flist, M Charles		nosky							ME (First, Mil dria			ka			
10	Mrs. Marg		Stern	191						Ave.				. 2	1214	
	20a. METHOD OF DISPOSIT 1	on 3 🗌 Rei	moval from State	Green	ine!							cation — alto			•	Ô
	21. SIGNATURE OF FUNERA	C P	ICENSEE			22	На	rtle		ille					. 21	22
CERTIFICATION	IMMEDIATE CAUSE (Fit disease or condition reaulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAS	lona, dlate ING	a Rena	O (OR AS A CONSEI Ulitis O (OR AS A CONSEI D (OR AS A CONSEI O (OR AS A CONSEI	OUENCE O	F):	D:-									
CE				pheral V										+		
: MEDICAL	PART II. Other algnifica	endition	ona contributing t	o death but not i	eaulting	In the u	inderlyln	g ceuse	given in		24a. WAS AN PERFOR	RMED?	24	COMPL OF DEJ	AUTOPSY FINE BLE PRIOR TO ETION DF CA ATH? ES 2 NO	USE
PHYSICIAN:	25. WAS CASE REFERRED 1	O MEDICAL					26. P	LACE OF	DEATH (Ch	eck only one,	)					
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE 4   No		ne 5 🗆 R	tasidence	6 🗆 Other	(Specify)					
ВУ РН	27. MANNER OF DEATH  1 Netural 5  2 Accident	Pending Investigation		F INJURY Day, Year)	26b. TIN	IE OF JURY M	W	JURY AT DRK? YES 2	□ NO	28d. DESC	RIBE HOW	NJURY OC	CURED			
	3 Suicide 6 4 Homicide	Could not be detarmined	28e. PLACE building	OF INJURY — At he g, atc. (Specify)	me, farm,	street, fa	ctory, offic			261. LOCA City of	FION (Street Town, State	and Numbe	r or Rural	Route Nu	mber,	
COMPLE	one) 2 MED	ICAL EXAMI	SICIAN: To the best											(a) and m	anner aa ste	ted.
O BE	29b. SIGNAPORE AND TITL	un	1	ast	- a	ins	>_		A	MBER		<b>•</b>	S = 1		Day, Year)	
	George Ge	ils M	D 9000	Franklin	Squa		Driv	0 2	1237							
	JUN 0 3 19	991	grafia David	Con-Randel	2											

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within section death. Page 6 may be interest or attending physician and completely filled in by the funeral director, page 5 mounts after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It less 8 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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140.00

The state of the s

	REGISTRAR		CERTIFICA	TE OF DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		MAGG	ADO	MONT	OF DEATH	1991	3. TIME OF DEATH 22:48
	MICHEAL  4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (/r	MASS	DER 1 YEAR IF UNDER 24 HRS.		OF BIRTH		THPLACE (State or Foreign
	169-48-0439	1⊠M2□F 35	35 YRS. MONTH	HS DAYS HOURS MIN.	11-	30-1955	Coun	PA.
E	FRANCIS SCOTT KE	,		BALTIMORE		9c.	COUNTY OF	DEATH
RECTO	RESIDENCE OF DECEDENT			N OR LOCATION				10d. INSIDE CITY
DIRE	0.	LAWARE	102. 617, 104		KHA	VEN		LIMITS?
ERAL	10e. STREET AND NUMBER	-,4,0,		101. ZIP CODE	_		CITIZEN OF	WHAT COUNTRY?
FUNE	11. MARITAL STATUS	NTER CI	U.S. ARMED	13. WAS DECENDENT OF HISP			lo- 14. RAC	CE — American Indian,
ВУ F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES		If yes, specify Cuban, Maxie 1 TES 2 NO Spec		Rican, etc.)	7.63	ock, White, etc.
ETED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S USUA	L OCCUPATION one during most of working	168	. KIND OF BUSINES	SS/INDUSTRY	HIIE
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retire	ed.)		בטעמו	-0,A	
COMPL	17. FATHER'S NAME (First, Middle, Last)		720072	7		Middle, Maiden Sumi		
BE C		2. MASSA		TACOU			OR	TES
2	19a. INFORMANT'S NAME (Type/Print)  DIANIA L. M	ASSARO	405 C	NESS (Street and Number or Rura		-		19015
	20a. METHOD OF DISPOSITION	206.	PLACE AND DATE OF D	ISPOSITION (Name	941	E 20c. LOCATH	ON — City or	Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L		PETER	T PAUL	FACILITY	MARI	PLET	WSP, PI
	(A)	- 1						
		complications that caused . List only one cause on ea	the deeth. Do not ar	22. NAME AND ADDRESS OF I EDWARD 401 5. CH other the mode of dying, su	9574	R ST	REET	Approximate interval Baty
IFICATION	shock, or heart feilure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO (OR AS A DUE TO (OR AS A	the deeth. Do not ar	4015, CH!	ich es car	diec or respirato	REET	Approximate interval Baty
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PHYSICIAN: MEDICAL CERTIFI	shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Natural 5  Pending	B. DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  Ut not resulting in the of injury  28b. TIME OF INJURY	a underlying cause given in the state of Death in the state of Dea	in Part I.	diec or respirato  Luck  24a. Was an Autr PERFORMED  WEST 2   or (Specify)  SCRIBE HOW INJUI  UB JE CT S	OPSV 24  OPSV 27  NO PRY OCCURED HOT	Approximate Interval Batw Onset and D  4b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  WES 2   NO
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ED BY PHYSICIAN: MEDICAL CERTIFI	shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 1 Could not be datarmined  298. CERTIFIER Check only 1 CERTIFYING PHY (Check only	DUE TO (OR AS A  b. DUE TO (OR AS A  b. DUE TO (OR AS A  d. DUE TO	the deeth. Do not are ach line.  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  Ut not resulting in the operation of the constant of th	26. PLACE OF DEATH (  MER: Nursing Home 5 Assidence  28c. INJURY AT WORK?  1 VES 2 NO factory, office	in Part I.  Check only of the Call De Chy LOM	diec or respirato  Les Les Les Les Les Les Les Les Les Les	OPSY OPSY NO  RY OCCURED HOT Number or Rura AVEN S as stated.	Approximate interval Bate Onset and D  4b. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  WES 2   NO  BALTO ST. S MD.
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 1 Could not be datarmined  298. CERTIFIER Check only 1 CERTIFYING PHY (Check only	DUE TO (OR AS A  DUE TO	the deeth. Do not are ach line.  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  Ut not resulting in the operation of the constant of th	26. PLACE OF DEATH (  MER: Nursing Home 5 Assidence  28c. INJURY AT WORK?  1 VES 2 NO factory, office	in Part I.  Check only of e 8 Other Chy Chy LOM	diec or respirato  Les diec or respirato  Les diec or respirato  Les diec diec diec diec diec diec diec diec	OPSY 24  OPSY 24  OPSY 17  NO  RY OCCURED HOT  Number or Rura  AVEN S  as stated.	Approximate interval Batw Onset and D  4b. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAUTOF DEATH?  WES 2   NO  BALTO ST. S MD .
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stanting physician.  Be bufal-transit permit, Pages 1, 2, 3 should	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the physician.  TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be cartificate has been signed by the attending physician and Mental Hygiene prior to burial, cremation, or removal.  IN THE HOSPITAL DIRECTOR: Attention of the burial-transit permit, Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
4	

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFI				MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	WALTER	HONTGOMERY				MON		Y 0	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		6 In yrs. last birthday	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	1		LACE (State or Foreign
	813 52 2375	1 Ø M 2 □ F		MONTHS		HOURS MIN.	(Mon	th, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY,	TOWN OR	LOCATION OF I	DEATH	13-1	9c. COUNT	Y OF DEA	
5 R	RESIDENCE OF DECEDENT	1 (entry		154	7 Mir	1055	MI	0	BATTWORE CITY		
DIRECTOR					R LOCATIO	N N			10d. INSIDE CITY LIMITS?		
	MARYLAND				IORE				X YES 2 NO		
FUNERAL	1507 E. PRESTO			10f. Z	IP CODE		10g. CITIZEN OF WHAT COUNTRY?				
NE	1307 E. FRESTO	12. WAS DECEDENT EVER		13. \	WAS DECEN	2121		IN? (Specify Yea	USA or No-	4. RACE -	– American Indian, White, etc.
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE				Hy Cuban, Mexic		Rican, alc.)		Specify:	
	15. DECEDENT'S EDUC	CATION	16a, DECEDENT'S I	ISUAL OF	CCURATION		100	b. KIND OF BUS	INESS/INDI	BLAC	SK .
ETE	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of w life. Do NOT use	ork done of retired.)	during most	of working	100	a. KIND OF BUS	INESS/INDO	31111	- 1
널	12		WELD	ER							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							Middle, Maiden DOUGH			
BE	WALTER H.  19e. INFORMANT'S NAME (Type/Print)	MONTGOMERY		ADDRESS	(Street enrich)	RACHE		nber, City or Town		Confe1	
2	EMMA Jenning	gs	the second second second second			h St.			2121		
	20e, METHOD OF DISPOSITION	cural from State	20b. PLACE OF DISPOS	ITION (No.	me of ceme	tery cremetory o			CATION C	ity or Tow	n, State
	4 Donation 5 Other (Specify)		other place) Westerr					Cat	onsvi	11e,	Md
	21. SIGNATURE OF FUNERAL SERVICE VIC	IN PH	7	E	ESTEP	BROTHI	ERS F	UNERAL	HOME	,P.A	
- //	23. PART I. Enter the/diseases, or o	Way						, BALT			
	ahock, of beart fallure.	List only one cause on	each line			a or dying, se	ich ea ca	rdiec or reapi	ratory arre	<b>e</b> t,	Approximata Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CR46	S A CONSEQUENCE OF	1	M	142129	ITI				
	readiting in death)	DUE TO (OR	S A CONSEQUENCE OF	7:	0	180100	1	3			
NO O	Sequentially list conditions,	b. DUE TO (OR A)	S A CONSEQUENCE OF	-6	To	161 CON	19				-
ATI	if any, leading to immediate cause. Enter UNDERLYING	. A16	70	,-							
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	S A CONSEQUENCE OF	7:	_						
CERTIFICATION	resulting in death) LAST	d									-
CAL	PART II. Other algnificant condition	s contributing to death	but not resulting i	n the un	nderiying	ceuse given i	n Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC		···						1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
MEDI								7.		1	1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DEATH (	Check only	one)			
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/O	utpatient 3 🗆 DOA	OTHER		5 Residenc	6 🗆 Ott	her (Specify)			
PHY	27. MANNER OF DEATH  Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea		URY	26c. INJUI WOR	K?	28d. Di	EȘCRIBE HOW I	NJURY OCC	URED	
ВУ	2 Accident Investigation	28a PLACE OF IN BU	JRY — A1 home, farm, s	M dreet fact		S 2 NO	281. LOCATION (Street and Number or Rural Route Number,				
ED	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (S	pecify)	Alleet, Iaci	tory, ornice		CH.	y or Town, State)	and municipal (	y Horar No	we worker,
COMPLET	29a. CERTIFIER CERTIFYING PHYSI	ICIAN: To the best of my kn	owledge, death occurre	ed at the I	lime, deta a	ind place, and d	ua 10 lhe c	ause(a) and mai	nner as state	d.	
OME	one)	ER: On the basis of axamins	ition and/or investigation	n, in my c	opinion, des	ath occured at i	he time, de	ta and place, ar	d due to the	cause(a)	and manner se stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIES	V. O2	21:	PL		29c. LICENSE N	UMBER		29d. DATE	SIGNED (	(Month, Day, Year)
TO B	19740	Tho, M.	) (E2.06.11		25.40	·				5/21	151
	30. HAME AND ADDRESS OF PERSONAME	FAL 21	DEATH (ITEM 27) (Type,	Print)	14	MEDIC	(	(550)2	Ra	H	i ma
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	IGNATURE	100	+	, Jeniu	1	(CrT6.5	اان	11100	3113

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ISICIAN: The law requires that the death certificate be executed within 2-mouns after death, Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.	
TO THE HOSPIES OF CITATIONS PHYSICIAN: The law requires that the death certificate be executed within 2-right	TO THE FUNERAL INFORMATION AND THE CONTINUED HAS been signed by the attending physician and completely filled in by the fun- be fined worms 72 and any death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If than 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

ST	TATE OF MARYLAND / DEPARTMENT OF HEAT CERTIFICATE OF DI		149
	Moore	2. DATE OF DEATH MONTH 5/30/91 YEAR	3. TIME OF D

FOR STATE REGISTRAR	STATE OF MARYLA	CERTIF		DEAIII		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Gladys E.	Moore				2. DATE MONT	of DEATH	X / 0 7 Y	3. TIME OF DEATH
		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH		1:1
164-10-5573	□ M 2 万厘	93 YRS.	MONTHS DAYS	HOURS MIN.	(Mont)	29/189	97	Country) Pennsylvar
90. FACILITY NAME (If not institution, give stree Stella Maris Hosp			TOWSO	OR LOCATION OF D	DEATH			timore
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
Maryland Balti	more.		tonsvil					LIMITS?
10e. STREET AND NUMBER		1 00		f. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
409 Westside Blvd.				21228			u.s	S.A.
11. MARITAL STATUS  1	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, sp	DENDENT OF HISP/ Decity Cuben, Mexic 3 2 [X] NO Spec	an, Puerto		or No 14	I. RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION mpleted)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPATI work done during more retired.)	ON ost of working	166	KIND OF BUS	I INESS/INDUS	White
Elementary/Secondary (0-12)	College (1-4 or 6+)	Honen			0	wn Hom	0	
17. FATHER'S NAME (First, Middle, Last)		omen		18. MOTHER'S N				
August Clea	iver					cca Loi		
19a. INFORMANT'S NAME (Type/Print)				and Number or Rura				
Lorraine Moore	200	1409 WG	estside	BLVd.	Cato	nsvill	e. MD	21228
1 Donation 5 Other (Specify)	al from State	other place)	dy of Gr	and the second second				un Township
21. SIGNATURE FUNERAL SERVICE LICEN	ISEE .							
23. PART I. Enter the diseases, or corresponding to the control of	it only one cause on ee	the death. Do r	ROBER 6009 not enter the mo	Harkord ode of dying, su	Rd	Balt diac or reapi	imore.	MD. 2121.  Approximate Interval Betw
ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	nplicetions that caused	the death. Do rich line.  e Myoc consequence of sclero	ROBER 6009 not enter the mo	T C. ALT  Harkord  ode of dying, su  Infarc	Rd ch as can	Balt diac or reapi	imohe.	MD . 2121 dt, Approximate Interval Betw Onset and D
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IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page a single of the other presents of the control of	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

. DECEDENT'S NAME (First, Middle, Last)	Willi	am đạn	mes	Mosk	marc	Mosher	2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
William James		um gun		11001		Mosner	0		19		4:45
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	# UNDER 1		IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or Foreign
483-10-3802	1X M 2 🗆 F	7	3 YRS.	MONTHS	DAYS	HOURS MIN.		-18-1	918		nnesota
De. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, 1	TOWN O	R LOCATION OF I	EATH		9c. COUN	TY OF C	DEATH
Hartley Hall	Nursing	Home			Poc	comoke	Cit	У	Wo:	rce	ster
IOe. STATE 10b. COUNTY			1111	Y, TOWN OR							10d. INSIDE CITY LIMITS?
2	erset		Cr	isfi	_						1X YES 2 NO
10s. STREET AND NUMBER					10f.	ZIP CODE					WHAT COUNTRY?
307 Locust St						21817				S.A	
II. MARITAL STATUS I Never Merried 2 🔀 Merried B Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				3. WAS DECENDENT OF HISPANIC ORIGIN? If yes, specify Cuben, Mexican, Puerto Ric 1 YES 2 NO Specify:				s or No—	14. RAC Blac Spec	E - American Indian, ik, White, atc.  White
15. DECEDENT'S EDU				USUAL OCC			16	. KIND OF BU	SINESS/IND	USTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	Hila	. Do NOT us			st or working					
				Retir	red			Paint	er		
17. FATHER'S NAME (First, Middle, Last)	Hosher	la l				18. MOTHER'S N					
Thomas Houston	Moshu	re				Anna	Bra	ctikin	1		
9a. INFORMANT'S NAME (Type/Print)						nd Number or Rura				Code)	
	osher [Wife	] 3	307 L	ocust	St	,Chrisf	ield,	, MD	21817		
20a. METHOD OF DISPOSITION 1	oval from Stata	20b. PLACE of cemetary				(Name	DA'	7E 20c. L.C	CATION —	City or T	own, State
Signature Of Funeral Service Lie											
SIGNATURE OF FUNERAL SERVICE LIC	CENSEE/						ACH ITY				7
1 , 1	Ronald	Wade, D	)ir	22. N	IAME AN	D ADDRESS OF	ACILITY	Tate 1	Anator	ny B	loard
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	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT OF			MENTA	L HYGIEN REG. NO					
11	1. DECEDENT'S NAME (First, Middle, Las	1)							E OF DEATH	AY	YEAR	3. TIME OF DEATH		
	CATHERINE ELI	ZABETH NA	ZARENUS					- 2	שאנ	930 Am				
	4. SOCIAL SECURITY NUMBER	5. SEX		AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 2 YRS. MONTHS DAYS HOURS MIN.				(Mon	(Month, Day, Year) Cou			RTHPLACE (State or Foreign untry) ARYLAND		
	218-03-0278  9a. FACILITY NAME (If not institution, give	- 11	73	THO.	AL OUTY TO	40.0	R LOCATION OF O	_	NE 10,1		MAR NTY OF D			
CTOR	ST. AGNES HOSP						MORE	RATH		9c. COU	NITOFE	PEATH		
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN	ITY		100 017	ry, Town or Le	OCATI	ON					10d. INSIDE CITY		
DIRE	MARYLAND			100, 01	BALTI							LIMITS?		
4	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CIT	IZEN OF	OF WHAT COUNTRY?		
E	2723 WEGWORTH L	ANE					21230			U	.S.A	•		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR	MED 10	II yes	s, spe	NDENT OF HISPA city Cuben, Mexic 2 NO Speci	an, Puarto		e or No-	14. RACI Blac Spec	E — American Indian, k, White, atc.		
E0 8		l Nicetion	La es				Λ	1				WHILE		
	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	de completed)  Cotlege (1-4 or 5	+) (G	ive kind of Do NOT u	WORK done during the retired.)	PATION IG MOS	N t of working	16	Sb. KIND OF BU	SINESS/IN	OUSTRY			
COMPL	17. FATNER'S NAME (First, Middle, Last)		nc	MEMA	KEK	_	16, MOTHER'S N	AME /Eim	Adiciolo Adairina	Company				
_	(UNKNOWN) EA	стер					FLORA	11	an-	Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)	SIEK	19	b. MAILING	A AOORESS (St	reet ar	d Number or Rural			vn Stata Zi	in Code)			
임	JOAN HOFFMAN						OURT , 1							
	20s. METHOD OF DISPOSITION				E OF DISPOSIT			7		CATION -		own, State		
	1 X Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	of cemetary	ON P	ARK CE	ME	TERY	6/	5 B	ALTIM	IORE			
	21. SIGNATURE OF FUNERAL BERWICE	Cole	nen		HUB	BA	ADDRESS OF FA RD FUNEI	RAL I			RF.	MD. 21229		
	23. PART 1. Enter the disease of shock, or heart facure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ca	use on each line		not enter the	mod	le of dying, au	ch as ca		_		Approximate Interval Between Onset and Death		
z	disease or condition resulting in death)  Non Small Cell CA Lung  Due to (or as a consequence of):  Cardage Cerrent													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE (	OF):							7. a.k.		
2	cause. Enter UNDERLYING CAUSE (Disease or injury	a. teg p	OD AS A CONSE	OHENCE (	will.			9				allers		
	that initiated events resulting in death) LAST	Post	04570	166	100	2	reumo	ni	_			Queel's		
<b>B</b>		d		1		/				_				
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	ons contributing to	deeth but not	reauiting	In the under	rlying	ceuse given le	n Part I.		RMED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
E E									1			1 YES 2 NO		
Z.														
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1000 - 100		OTHER:	26. PL	ACE OF DEATH (C	check only	one)					
<u> </u> ≥	1 TYES 2 NO	1 Inpatient 2	☐ ER/Outpetient :		4 Nursing		5 🗆 Residence	_						
BY PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	28b. Til	JURY	WO	JRY AT RK? ES 2 NO	28d. DESCRIBE NOW INJURY OCCURED						
		3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	(Crieck Orly	YSICIAN: To the best of										(a) and manner as stated.		
BE	296/ SIGNATURE AND TITLE OF CERTIF	FIER	11	1	7		29c LICENSE NO	UMBER	2	29d, DA	TE SIGNE	D (Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAN	ML )	M 27) (Typ	le, Print)	9	CATO	) A	15	TRA	2	MD 21229		
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	.00	1007	3	0110	* 1		1001		A-CO CLE L		
	JUN 0 3 1991	grand Davi	doon-Rand	Coch										

NEW AND 21203-3146

BALTIMORE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ļ	. DECEOENT'S NAME (First, Middle, Last	)							ATE OF OEATH	MY	YEAR 3	. TIME OF DEATH	
L	Raymond J.	NEVI							5 2		91	10:05 a	
1	128–28–6300	5. SEX 1 ★ M 2 ☐ F	6. AGE (In yrs. les	YRS.	MONTHS	DAYS	HOURS N	7. O/ 00	OATE OF BIRTH (Month, Dey, Year) OCT. 16, 1936			YOTK	
	Franklin Sq. Hos Bresidence of decedent					ROSSVILLE Baltin							
	Md .	10c. CIT	Y, TOWN O	R LOCAT		lston		•		INSIDE CITY LIMITS?			
	100. STREET AND NUMBER 403			101	ZIP CODE	2104	7		S.A.	AT COUNTRY?			
	II. MARITAL STATUS I Never Married 2/X Married S Widowed 4 Divorced	IMEO NO	1	yes, spe	ENDENT OF Healty Cuban, R	Aaxican, Pue	IOIN? (Specify Yer to Rican, etc.)	e or No—	Black,	American Indian, white, atc.			
	15. DECEDENT'S EL (Specify only highest gre Elementary/Secondary (0-12) 12 VTS •		+) (G	ive kind of . Do NOT u	work done of retired.)	turing mo	on st of working		U.S.F.			Co.	
	17. FATHER'S NAME (First, Middle, Last)	Raymond	Nev:					rs name (Fi	st, Middle, Meider Ludr				
	198. INFORMANT'S NAME (Type/Print)  Mrs. Patricia Nevin  199. MAILINO ADDRESS (Street and Number or Fural Route Number, City or Town, Stafe, Zip Code)  403 Woodridge Ct. Fallston, Md. 21047  200. METHOD OF DISPOSITION  200. PLACE OF DISPOSITION (Name of cometory, cremetory or 5/31/9) 30c. LOCATION — City or Town, State												
	20e. METHOD OF DISPOSITION 1	moval from State	otner pi	OF DISPO	SITION (Na	me of cen		ry or 5/	31/9 10c L		City or Tow	n, State	
	21. SIGNATURE OF FUNERAL SERVICE  B. J. Jan				22.	NAME A	ID ADDRESS	OF FACILITY		.LASS/	AHN F	.Home	
	23. PART I. Enter the diseases, o shock, or heart fallur IMMEDIATE CAUSE (Final disease or condition resulting in death)		use on each line		not entar	tha mo	da of dying	, such as	cardiac or resp			Approximats interval Betwee Onsat and Dea	
	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Anemia	atic Gas of or as a conse of or as a conse	OUENCE C	OF):	noca	rcino	ma					
1	PART II. Other significant conditi	ons contributing to	entributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN A									WERE AUTOPSY FINDING	
	Hyperbilirubir Malnutrition	emia							1 TYES	2   NO		COMPLETION OF CAUSE OF DEATH?	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 X NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER	₹:	LACE OF DEA		ly one) Other (Specify)				
	27. MANNER OF OEATH  1 Natural 5 Pending	28a. DATE O (Month,		28b. Til	-	28c. IN.	URY AT DRK?	28d.	DESCRIBE HOW	INJURY OCC	CURED		
1	2 Accident 3 Suicide 5 Could not be datermined 4 Homicide 28. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify)  28. PLACE OF INJURY — At home, farm, street, tactory, office City or Town, State)									or Rural Ro	oute Number,		

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Monfh, Day, Year) Phi

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9000 Franklin Square Dr. Baltimore, MD 21237 Matthew MacCumber M.D.

2

32. REGISTRAR'S SIGNATURE

beRTO JUN 3 1991

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וק ומא ופקטורט מימן נוק טסמנו נפונות כל שבכסכים אומיון בין ווסנים מונין שפני, ו הצי ל יווען בין ווסנים אומין בין	has been signed by the attending physician and completely filled in by the funeral director, page 5 sound he described for use as the fundament		
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2	en s	of H	hou
ME	S De	e Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	an 23 shows any injury or other traumatic event the medical eventions must be notified at any
5	ha	00	C W

f. Pages 1, 2, 3 should

											9	1	14915
	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH		MENTAL	HYGIEN REG. NO.			
3	1. DECEDENT'S NAME (First, Middle, Last)	M. O'Coi			IOAII		DEA		2. DATE OF MONTH	DEATH D	AY.	YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF			9 / S. BIRTHPL	1:30 P. M
	216-09-1679	MONTHS DAYS MONTHS MIN							(Month, 1 12-2	0ay, Year) 26-19(	land		
œ	99. FACILITY NAME (If not institution, give st 3111 Rueckert A		To The		9b, CITY		timo			.0 130	9c. COUN	TY OF DEA	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT										L		
RE	10e. STATE 10b. COUNTY			200	TY, TOWN								INSIDE CITY
-	Maryland 100. STREET AND NUMBER			В	Balti		ZIP CODI				T		YES 2 NO
HAI	3111 Rueckert A	VO				100	2121				U.S.		AT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13.	_			NIC ORIGIN?	Specify Yes			- American Indian.
BY FL	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 1	FORCES? 1 VES 2 X NO FYES, GIVE WAR OR DATES					n, Mexice	en, Puerto Ric			Specify: Whit	- American Indien, White, etc.
	15. DECEDENT'S EDU		16e. DE	CEDENT	USUAL O	CCUPATIO	ON .		16b, K	IND OF BU	SINESS/INDU		
BE COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+ 2 Yrs.	)		wife	aunng mo	st of workir	10					
M C	17. FATHER'S NAME (First, Middle, Last)	2 113.		ouse	WITC	-	16. MOTI	IFR'S NA	ME (First, Mic	idle Maiden	Sumamal		
S	John J. Fisch	er						nces		uart	ourname)		
BE	19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING	G ADDRES	S (Street a	_		Route Number		m, State, Zip	Code)	
9	Ellen Freeburger	Barr	3	111	Ruec	kert	Ave	., B	Balto.	, Md.	2121	4	
	20e. METHOD OF DISPOSITION  1 W Burlal 2 Cremetion 3 Rem  4 Donation 5 Other (Specify)	oval from State	20b. PLACE of cemetary. NEW Ca	AND DAT	E OF DISE	POSITION	(Name		DATE 5-5-91	20c. LO	cation — c	City or Town	n, State
	21. SIGNATURE OF FUNERAL SERVICE LICE ROY H. Cather	ENSEE	I New Co	<u>tu ieur</u>			D ADDRE			I Da.	160.,	Mu.	
	Royal.	tatRen	Leonard J. Ruck, Inc., 5305 Harford Rd., B										to., Md. 21214
		List only one cau	mplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, st only one cause on each line.										Approximata intarval Between Onset and Death
	disease or condition resulting in dasth)	Tru	mor	, an	7	Cu	mp 6	7/	ren	19			22 year
1		DUE TO	OR AS A CONSE	OUENCE (	oej:						-		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	OR AS A CONSE	OUENCE (	OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or injury	с											
TIF	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE (	OF):								
CE		d											1
AL.	PART II Other significant condition	-	/	7			_	given in	Part I.	24a. WAS AN PERFO		1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC	Certionale	rutic 1	year		VIA	eas	ue.		- 1	1 TYES	NO		COMPLETION OF CAUSE OF DEATH?
M									— i			'	1 YES 2 NO
AN	25, WAS CASE REFERRED TO MEDICAL				<del>.</del>	26. P	LACE OF D	EATH (C)	heck only one,				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE 4   Nu	R:			8 Other				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY	26b. TII	_	28c. IN.	JURY AT		7		INJURY OCC	URED	
BY 5	1 Natural 5 Pending 2 Accident Investigation				М		YES 2 [	□ NO					
ED	3 Suicide 6 Could not be 4 Homicide determined		F INJURY — At he etc. (Specify)	ome, farm,	, street, fac	ctory, offic	00			TON (Street Town, State	end Number )	or Aural Ro	oute Number,
COMPLET	290. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of	my knowledge, de	eath occur	rred at the	time, date	and place	, and due	e to the caus	e(e) and ma	nner se state	ed.	
ME	(Check only one) 2 MEDICAL EXAMINE												end manner se stated,
	296 SIGNATURE AND TITLE OF CENTERE	1					29c. LIC	ENSE NU	IMBER		29d. DATE	SIGNED (	Month, Day, Year)
) BE	(Meller )	Ver					D-	76	09		1 5	7311	91
9	30 NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUS	SE OF DEATH (ITE	M 27) (5m	o Drint)				+		-	-	<del></del>

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PLETED CAUSE OF DEATH (ITEM 27) (Type, 2 MD - 780/ Z MD - 78 L 32. REGISTRAN'S STARTING CO.

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	9	or other traumatic event, the medical examiner must be notified
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The same of the sa	ter death with the State Dept. of Health	Is marked, or item 23 shows any
The state of the s	after death with the State Dept. of Health	28 is marked, or item 23 shows any
	lours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified

FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIEN REG. NO.	E	
1. OECEDENT'S NAME (First, Middle, Last)  RESECTOR OF	Rebecca	Oliver		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DEATH DATE OF D	28 91	12:10 4
247-46-4215  9s. FACILITY NAME (If not institution, give ste	1 🗆 M 2 🔀 F	7/ YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN. TY, TOWN OR LOCATION OF O	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign Intry)  ester, S.C.
University			Baltimore		34, 3001171 01	
RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY  Md.			or LOCATION Limore			10d. INSIDE CITY LIMITS? 1-1 YES 2 NO
10o. STREET AND NUMBER 2823 Harl	em Ave.		101. ZIP CODE 21216		10g. CITIZEN OF	F WHAT COUNTRY?
11. MARITAL STATUS 1  Never Married 2  Married 3  FW Widowed 4  Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 ENO	3. WAS DECENDENT OF HISPAIN H yes, specify Cuban, Mexicon 1 YES 2 NO Specific	in, Puerto Rican, etc.)	t or No- 14. RA	CE — American Indian, ack, White, etc. ocity: Tr. American
15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired	ne during most of working	16b. KIND OF BUS	SINESS/INDUSTRY	22111
17. FATHER'S NAME (First, Middle, Last)	Dixon		18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
Jim  19s. INFORMANT'S NAME (Type/Print)	DIXOII	195 MAILING ADOR	Le :			
Gail Eil	1		arlem Ave. Ba		21216	
20a, METHOD OF DISPOSITION 1 GFBurlel 2 Cremation 3 Remote 4 Donation 8 Other (Specify)	oval from State of c	PLACE ANO DATE OF DI cemetary, crematory or othe Arbutus Me	er place) Pk.	Art	outus, M	
H. BIONATURE OF FAMERAL SERVICE LIC	ENSEE 1	No 1	Estep Broth 1300 Eutav			P.A. 21217
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	ien Mye	enrolial.	Infarct,	00 74ay
that initiated events resulting in death) LAST	4.	ONOLOGENCE OF J.				
Anoxic Encep	-	ut not resulting in the	underlying ceuse given in	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDIN MARILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	отн				
27. MANNER OF DEATH  Natural 5 Pending	1 Impatient 2 ER/Outp 28s. OATE OF INJURY (Month, Day, Year)	29b, TIME OF	Nursing Home 5 Residence	28d, OESCRIBE HOW	INJURY OCCURED	- 10/13
2 Accident Investigation 3 Suicide S Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street,	1 YES 2 NO	281. LOCATION (Street City or Town, State)	end Number or Rui	al Route Number,
and and			ne time, date and place, and du ny opinion, death occured et th			se(s) and manner as stated
296. SIGNATURE AND TITLETOF CERTIFIER	NO. MA517	18	29c. LICENSE NU	MBER	29d. DATE SIGN	1ED (Month, Day, Year)
MG+17 I DG SS	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	ene St. P	altinore	Md. 1	.1201
JUN 0 3 1991 Su	lia Davidson-Ran	delle				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after de-	provincement of the second state from states of the other relative and provinced provinced to be the terrestrial
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DECEDENT'S NAME (First, Middle, Last)				iora E	F DEAT		2. DATE OF MONTH		AY	YEAR	3. TIME OF DEATH	
ROSA M PR							5.	- 30	) - 9		12:35	
4		6. AGE (In yrs. lest i	**	IF UNDER 1 YE		24 HRS.	7. DATE OF (Month, D	ay, Year)		Countr		
212-22-3141A		73	YRS.				7	15	17		irginia	
De. FACILITY NAME (If not Institution, give street University Hospita					eltimo		EATH		9c. COUI	NTY OF D	OF DEATH	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION						ATION					
Md					imore						10d. INSIDE CITY LIMITS? 1 X YES 2 1	
IOe. STREET AND NUMBER			Daio	10f. ZIP COD	E			10g. CITI	ZEN OF V	WHAT COUNTRY?		
2333 Mt. Holly St					2121	6				USA		
	EVER IN U.S. ARM	IED		DECENDENT (	OF HISPAI	NIC ORIGIN? (		s or No.—	14. RACI	E — American India		
Never Married 2 Married    Widowed 4 Divorced	YES 2 NO	0	If yet	YES 2 NO	Specif	nn, Puerto Rici	in, etc.)		Spec	k, White, etc.		
15. DECEDENT'S EDUCA			USUAL OCCU			16b. K	ND OF BU	SINESS/INC	DUSTRY			
(Specify only highest grade or Elementary/Secondary (0-12)	(G/M	e kind of a Do NOT u	work done during se retired.)	g most of worki	ng							
7. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Mid	dle Maiden	Sumamai			
Allen Nolley					7.75		Watki					
19a. INFORMANT'S NAME (Type/Print)		196.	MAILING	ADDRESS (Str					rn, State, Zip	Code)		
James Nolley		3	3016	Manha	ttan A	venu	ie, Ba	ltimo	ore,	Md	21215	
20e. METHOD OF DISPOSITION   1		of West &	e emator	Star Place	emeter	у	6/3/9	l Cat	consv	ille	, Md	
XAMI 1	lan	1	_	22, NAM	E AND ADDRE	SS OF FA	NCILITY				ral Home h Avenue	
23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist Dnly Dna caus	e on each ilna.		not entar tha	mode of dy	ing, suc	ch as cardia	43 c or resp	300 W	abas	_	
sheck, or hasrt fallure. Li	Pulm L DUE TO (	e on each ilna.	UENCE O	not enter the	mode of dy	ing, suc	ch as cardia	43 c or resp	300 W	abas	h Avenue	
sheck, or heart failure. Li iMMEDIATE CAUSE (Final disease or (condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Pulmic Due to (	OR AS A CONSECUTION AS	UENCE O	not enter the	mode of dy	ing, suc	CVIA 7	C Dr resp	N AUTOPSY	abas	h Avenue	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL	Pulmic Due to (	OR AS A CONSECUTION AS	UENCE O	not enter the	mode of dy	given in	CVA 7	4. WAS AI	N AUTOPSY	abas	Approximatintarval Ba Onset and	
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Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO CONTRIBUTE TO CONTRIBUTE TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTE TO CONTR	OR AS A CONSECUTOR AS A CONSEC	UENCE O  UENCE O  UENCE O  Desulting	orther:	mode of dy	given in	Part I. 2 heck only one)	4a. WAS AI PERFO	N AUTOPSY	abas rest,	Approximatintarval Ba Onset and	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO ( DUE TO ( DUE TO (  DUE TO (	OR AS A CONSECUTOR AS A CONSEC	UENCE O  UENCE O  UENCE O  DOA  28b. TIM	OTHER: 4 OF JURY M 1	mode of dy	given in	Part I. 2 heck only one) 6 □ Other ( 28d, DESC)	4a. WAS AI PERFO YES	N AUTOPSY RMED? 2 NO	abas rest,	Approximatintarval Ba Onset and	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  28. Suicide 6 Could not be determined	DUE TO ( DUE TO ( DUE TO ( DUE TO (  DUE TO (	OR AS A CONSECUTOR AS A CONSEC	UENCE O  UENCE O  UENCE O  UENCE O  UENCE O  UENCE O  IN  IN  IN  IN  IN  IN  IN  IN  IN  I	orther:  OTHER: 4   Nursing  ME OF 286 JURY M 1  street, fectory,	mode of dy	given in	Part I. 2 heck only one)  6 Other (c) 28d. DESCI	44. WAS AI PERFO YES	N AUTOPSY RMED? 2 NO INJURY OC and Number)	241  241  CCURED  or or Rural	h Avenue Approxima interval Ba Onset and  b. Were Autopsy Fi Available Prior COMPLETION OF CO OF DEATH?  1 Yes 2	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only	DUE TO ( DUE TO ( DUE TO ( DUE TO (  DUE TO (	OR AS A CONSECUTOR AS A CONSEC	UENCE O  UENCE O  UENCE O  UENCE O  UENCE O  UENCE O  IN  IN  IN  IN  IN  IN  IN  IN  IN  I	orther:  OTHER: 4   Nursing  ME OF 286 JURY M 1  street, fectory,	mode of dy	given in	Part I. 2 heck only one)  6 Other (c) 28t. LOCAT City or	44. WAS AI PERFO YES	NAUTOPSY RMED? 2 NO INJURY OC and Number	244 244 244 244 244	h Avenue Approxima interval Ba Onset and  b. Were Autopsy Fi Available Prior COMPLETION OF CO OF DEATH?  1 Yes 2	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

FEH

2215-0020	attending physician.	The use as the burial-transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained to the	led in by the funeral director, page 5 should be directly, or removal,	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by cheath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIE								
1. DECEDENT'S NAME (First, Middle, Las JESSE	CLYDE	PLU	NKERT	2. DATE OF DEATH MONTH	25 19911	3. TIME OF DEATH 23:08						
4. SOCIAL SECURITY NUMBER  212 ~ 60 - 3869  9a. FACILITY NAME (If not institution, give	6. SEX 6. AGE (	8. BI	RTHPLACE (State or Foreign unity)  Virginia									
125 COLVIN STREE			BALTIMORE CI			N/A						
10e. STATE 10b. COUNTY 10c. STATE 10c. STATE 10c. STATE	тү		timore	10g. CITIZEN (	10d. INSIDE CITY LIMITS? 1 ## YES 2   NO DF WHAT COUNTRY?							
	n St. #62				US							
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 // NO	13. WAS DECENDENT OF HISP If yee, specify Cuben, Mexi 1 YES 2 NO Specific	can, Puerto Rican, etc.)	S	ACE American Indian, illack, White, atc. pecity:  T. American						
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)		iife. Do NOT use retir	one during most of working ad.)	370000	entino B	Y						
17. FATHER'S NAME (First, Middle, Last) King	Soloman	Laborer	16. MOTHER'S	NAME (First, Middle, Maid nsy Plun								
190. INFORMANT'S NAME (Type/Print) Pansy Plunke	ett		yrtle Ave. Ba		own, State, Zip Code 21217	Code)						
20e. METHOD OF DISPOSITION 1	moval from State of	b. PLACE AND DATE OF E cemetary, crematory or oth Western St	DISPOSITION (Name her place) &Y		DN - City or Town, State  nsville, Md.							
21, SIGNATURE OF FUHERAL SERVICE	a sle	1	Estep Broth 1300 Eute									
IMMEDIATE CAUSE (Final disease or condition resulting in death)  NARCOTIC INTOXICATION  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	couse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events  DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant condition	ons contributing to death b	out not resulting in th	e underlying ceuse given	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 AYES 2 \( \text{NO} \) NO						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Lox	26. PLACE OF DEATH (	Check only one)								
1 X YES 2 □ NO 27. MANNER OF DEATH	1   Inpatient 2   ER/Out		Nursing Home 5 Residence	e 6 Other (Specify) 28d. DESCRIBE HO	W IN HIEV OCCURE	D						
1 Netural 6 Pending	(Month, Day, Year)	INJURY	WORK?	SUBJECT	INGESTE							
2 Accident Investigated 3 Suicide 6 Could not t 4 Homicide determined	28a PLACE OF INJUR	- At home, farm, street		281. LOCATION (Str. City or Town, St 125 COLV		ALTIMORE,						
cond only	YSICIAN: To the best of my know				manner as stated.							
296, SIGNATURE AND TITLE OF CERTIF	TER W		29c. LICENSE N	M.E.		NED (Month, Day, Year) 26-1991						
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE		1 PENN STREET	r BALTIMOR	E,MARYLA	ND 21201						
31. DATE FILED (Nonth, Day, Year)	32. REGISTRAR'S SIGN	Pandelle										

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BALTIMORE, MARYLAND

RECORDS, P.O. BOX 68760.

OF VITAL

after death. Page 6 may be retained by the hospital or attending physicial by the funeral director, page 5 should be detached for use as the burial-tn once. director, page 5 should be M notified be must examiner by the removal. medical filled in by 6 and completely filled to burial, cremation, o the event, traumatic prior to t has been signed by the attending physician of Dept. of Health and Mental Hygiene prior to 123 shows any Injury, or other traum TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law in TO THE FUNERAL DIRECTOR: After this certificate has be be filed within 72 hours after death with the State Dept.

IMPORTANT: II Item 28 is marked, or Item 23 s.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LYLE ROBERTS , JR GRENSHAW 5 31 1991 02:48 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 55 1 X M 2 - F 212-32-5539 9-14-1935 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3000 W. BELVEDERE BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE CITY 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 U.S.A. 5585 Kennison Avenue 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 \( \sum \) YES 2 \( \sum \) NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White etc. 1 Never Married 2 X Married Specify: 8 BLACK 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Diamond Cab Company 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Margaret Mason 17. FATHER'S NAME (First, Middle, Last) Lyle Roberts Sr. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Copte)
5585 Kennison Avenue Baltimore, Md 21215 2 Moira D. Roberts 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State 6391 Baltimore, Md Wood Tawn Cenetery 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY March F/H West mores 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that could the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or haart failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition 2 bush reaulting in daeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpetient | AMDOA | 4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 X YES 2 NO 05-3 1-199 1 26b. TIME OF INJURY 02:40M 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?
1 YES 2 NO 5 Pending Investigation 1 Netural SUBJECT STABBED BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, 3000 W. BELVEDERE BALTO.MD. 28e. PLACE OF INJURY -- At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be detarmined 0 4 | Homicide STREET b 29a. CERTIFIER
Thank only 1 
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2XXMEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. 05-31-1991 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NOXIC 111 PENN STREET BALTIMORE, MARYLAND 21201 A. SZINEGISTHARY SIGNA TO THE TOTAL **1991** 

OHMH-18 Rev 1/89

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page		4
RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shor		30 to model or term 22 shows any injury or other transmits event the medical examinar must be notified
funeral (		vamina
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filled	rs after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	he
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1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF					IENTAL HYGII			
1. DECEOENT'S NAME (First, Middle, Last) ALLAWARD	ALLAWARD SPIVE	7	SPIVEY	Z	M.		2. DATE OF DEATH MONTH	30	YEAR 3.	TIME OF OEATH
	5. SEX 6. AGE (In	yrs. last birthday) YRS.			IF UNDER 24	MIN.	7. DATE OF BIRTH (Month, Day, Year, 06 - 20 -	50	S. BIRTHPL/ Country)	N . C .
9a. FACILITY NAME (II not institution, give street THE JOHNS HOPKINS	et and number)		96. CITY, 1		LOCATION E CIT			9c. COUN	TY OF OEAT	
RESIDENCE OF DECEDENT  10a. STATE    10b. COUNTY			TY, TOWN OR		ON C	TTV		1.	10	d. INSIDE CITY LIMITS?  X YES 2 NO
10e. STREET AND NUMBER	CREEK LANE	Apt.		10f. 2	ZIP CODE	0		10g. CITIZ		T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	U.S. ARMEO	It		Ify Cuben,		C ORIGIN? (Specify , Puerto Rican, etc.)	Yes or No-	14. RACE — Black, W	American Indian, thite, atc.
15. OECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (0-12) 12th Grade		16a. DECEDENT'S (Give kind of life. Do NOT to	work done du use retired.)	uring most	of working		16b. KINO OF	neer		
17. FATHER'S NAME (First, Middle, Last)	- ID					_	NE (First, Middle, Mail	den Surname)		
CHARLIE SPIV	EY JR.					ANN		RIS		
PAGGY SPIVEY		RT.		X 1			isburg	Town, State, Zip	Code)	
304, METHOD OF DISPOSITION A Burial 2 Cremetion 3 Remov	al from State PH	PLACE AND DATE L P S B		açe)_	<sub>Name</sub> CHUR	СН	1	Louisb		N . C .
21. SIGNATURE OF FUNERAL SERVICE LICE	Han -				MARC		.н. 11	01 E.	NORT	H AVE.
23. PART i. Enter the diseases, of costock, or heart failure. Li IMMEDIATE CAUSE (Finei disease or condition resulting in death) a.					a of dyin	g, such	a cardiac or re	apiratory arre	eat,	Approximata Interval Between Onset and Deat 48 acc
Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.	SUBDURAL DUE TO (OR AS A CHEMOTHE	CONSEQUENCE RAPT	PARI OFI: INDU				BLEED!			month
that initiated events resulting in death) LAST	ACUTE M	YE LOG		SL	EVI	KEN	MIA			3 month
PART II. Other algorificant conditions STATUS POST A VENO OCCLUSIVE	contributing to death by	BONE	MAR		1 TRA		PER PER	AN AUTOPSY FORMED? S 2 NO	O O	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
ACUTE RENAL	FAILURE									
	HOSPITAL: 1 ☑ Inputient 2 ☐ ER/Output	etiant 3 🗆 DOA	OTHER	1:			sck anly one)  8  Other (Specify)		Elvinica	
27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti		28c. INJU WOF	RY AT		28d. OESCRIBE HO	W INJURY OCC	CURED	
2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	At home, farm	, street, fecto	ory, offica			281. LOCATION (Str. City or Yown, S		or Rural Rou	te Number,
(Grack Gray	AN: To the best of my knowl On the basis of exemination									nd manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	zha	MO			29c. LICEP	39	335	29d. DATE	53	O A I
30, NAME AND ADDRESS OF PERSON WHO JEAN-PIERRE IS	SA MD 60	ATH (ITEM 27) (7)	DOLPE	ST	B	ALT	OM O	21209	5	
31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIGN	ATURE			10					

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF I	/ MARYLAND CI		ICATE					TYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)	MARY	M. STEEL		IOAIL	01 1	JEAH		2. DATE OF	DEATH			3. TIME OF DEATH
Marv		1	1.		Stee	100)			0.5	28		YEAR	5:00 P M
4, SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1	YEAR	IF UNDER 24		7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
219-26-59	911	1 M 2/XF	52	YRS.	MONTHS	DAYS	HOURS	MIN.	02-	ey, Year) 23 - 3	39	Country	" MD
9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY,	TOWN OR	LOCATION	OF DE	ATH		9c. COU	NTY OF DE	EATH
2720 Giles	Road	1			Balt	imor	e				Ba1t	imor	e City
RESIDENCE OF DEC	EDENT			1								I	
10a. STATE	10b. COUNTY			0.2	TIMO			Υ					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER						10f. 2	ZIP CODE				10g. CITI	ZEN OF W	HAT COUNTRY?
2720 GI	LES F	ROAD					212					USA	Α
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Dive	7-22-4-10	FORCES?	NT EVER IN U.S. AF		H	yes, spec		Mexica	IIC ORIGIN? (5 n, Puarto Rice /:		or No—	14. RACE Black Specif	- American Indian, White, atc.
	EDENT'S EDUC y highest grade		16a. DE	ECEDENT'S	USUAL OC	CUPATION	of working		16b. KJ	ND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (		College (1-4 or 5	+)	. Do NOT u	LOYE								
17. FATHER'S NAME (First, A ELMER	BRADF (	OR D							ME (First, Mick				
19a. INFORMANT'S NAME (	STEELE								ALTIM				1225
20a. METHOD OF DISPOSIT		-15.0-5-51.0-	20b. PLACE	AND DAT	E DF DISPO	SITION (	Name		DATE		CATION —		
X□XBurial 2 □ Cremation 4 □ Donation 5 □ Other		oval from State	of cemetary WES	CERN	STAR	CEMI	ETERY		6-3	Cat	onsv	ille	, Md.
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE /	0		$\overline{}$	_	ADDRESS		CILITY				
1		- K	22 5	7	1000		млр	СП	C U	110	1 0	0.10	ORTH AVE.
23. PART I. Enter the d	iseases, or c	complications the	et caused the de	enth. Do									Approximate
shock, or h IMMEDIATE CAUSE (F) disease or condition resulting in death)	nel	Arter:		tic		iova	scula	ar	Disea	se			Interval Between Onset and Dasth
Sequentially list conditions if any, leading to imme cause. Enter UNDERLY CAUSE (Disesse or injury)	diata ING	0	OR AS A CONSE										
that initiated events resulting in death) LAS		DUE TO	O (OR AS A CONSE	QUENCE O	NF):								
PART II. Other algorific	ent condition	s contributing to	death but not	resulting.	In the un	derlylpa	cause als	ma la	Part I 2	ta, WAS AN	AUTODOV	245	WERE AUTOPSY FINDINGS
- Carlo agrino	- Condition			resulting	in the dir	Conymig	cades git	V611 III	1	PERFOR	MED?	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 XNO
					-					Luqu.	7		
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		CE OF DEA	ATH (Ch	eck only one)	)			
1 X YES 2 □ NO		1 Inpatient 2	☐ ER/Outpatient	_	4 🗆 Nurs	ling Home		dence	6 Other (S				
444	Pending Investigation	28a. DATE O (Month.	F INJURY Day, Year)	26b. TIII	ME OF JURY M	28c. INJU WOF 1 Y	RY AT IK? ES 2	NO	28d. DESC	RIBE HOW I	NJURY OC	CURED	
2 Accident 3 Suicide 6 Homicide	Could not be determined	28e. PLACE building	OF INJURY — AI h	ome, farm,	street, facto	ory, office			261. LOCATI City or	ION (Street : Town, State)	and Numbe	r or Rural F	Route Number,
(Unlick only		CIAN: To the best of								. ,			s) and manner as stated.
295 SIGHATURE AND TITL	E OF CERTIFIE	dil	-14	0			29c. LICEN	ISE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
30 NAME AND ADDRESS O	DE PERSON MA	O COMPLETED CA	USE OF DEATH AT	FM 27) /5~	e Printi		0.	C.N	1.E.		0.5	29	1991
Frank	Perett	i				enn	Stree	ŧ,	Balti	more	Mary	land	21201
31. DATE FILED (Month, Day	1991	932, REGISTA	AR'S SIGNATURE	ماكلما									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flowrs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af
5	S.

	FOR STATE REGISTRAR	STATE OF I	MARYLAND (	/ DEPAI					MENTA	L HYGIEN		<i>J</i> 1	1432
	1. DECEDENT'S NAME (First, Middle		B. Sau	unders					2. DATE MONT	OF DEATH	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 229-30-1000	5. SEX	6. AGE (In yrs. 78		IF UNDE	DAYS	IF UNDI	MIN.	(Mont	of BIRTH h, Day, Year) -24-191		BIRTHF Country,	PLACE (State or Foreign N.C.
NG.	9a. FACILITY NAME (If not institution Belair N. H. 6116 Belair Roa				96. CITY, TOWN OR LOCATION OF DEATH  Baltimore  9c. COUNTY OF DEATH								
DIRECTOR	RESIDENCE OF DECEDE	COUNTY	10c Cf	IOC. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
=	Md				timor								LIMITS?
FUNERAL	100. STREET AND NUMBER 6116 Belair R	1_001									HAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	ARMED	ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. R. Bi 11 yea, specify Cuban, Maxican, Puerto Rican, etc.)								- American Indian, White, etc.		
COMPLETED	15. DECEDENT (Specify only highe: Elementary/Secondary (0-12)	r's EDUCATION st grade completed) College (1-4 or 5		(Give kind of	NT'S USUAL OCCUPATION d of work done during most of working OT use retired.)								
	17. FATHER'S NAME (First, Middle, L Augustus Cowan		16. MOTHER'S NAME (First, Middle, Maiden Surname) Callie Adams										
TO BE	10a. INFORMANT'S NAME (Type/Prin	G ADDRES	ss (Street Iston	and Numb Avent	er or Rural Je Bal	Route Num	e, Md	vn, State, Zip C	iode)				
	20g. METHOD OF DISPOSITION 1 Disposition 3 Committee Com			CE AND DATE					5259		Randall		
	21. SIGNATURE OF FUNERAL SERV	VICE LICENSEE  MASS	ch		22	Mar Mar 430	ch F	H Wes	t Avenu	e			
												Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
MEDICAL	d										24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MED					26. F	PLACE OF	DEATH (C	heck only o	ine)			
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		me 6 🗆	Rasidence	6 🗆 Oth	er (Specify)			
ву РНУ	27. MANNER OF DEATH  1 Natural 6 Pendir 2 Accident Investi	26s. DATE C (Month,	F INJURY Day, Year)	26b, Ti	ME OF NJURY M	W	JURY AT ORK? YES 2	□ NO	28d. DE	SCRIBE HOW	INJURY OCCU	JRED	
	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)								261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	Torritory and	G-RHYSICIAN: To the best of											) and menner as stated.
BE	296. SIGNATURE AND SPICE OF CO	ERTIFIER S-					29c. L	OS3	MBER 44		29d. DATE	30	Day, Year)
10	57/4	SON WHO COMPLETED CA HARAOK	USE OF DEATH (	RD	pe, Print)	1	RA	00	,	ME	7		,
	JUN 3 199	1 Julia Davi	ASSIGNATUR	مالا									

DHMH-16 Rev 1/89

	3	permit. Pages 1, 2, 3 should		AL DIBERTOR
BALTIMORE, MARYLAND 21203-3146	death. Page 6 may be retained by the hospital or attended to the second	e funeral director, page 5 should be detached for use a the personal.	examiner must be notified at once.	DO OT DESCRIPTION OF CHINEDAL MINERAL
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended to the hospital or attended to the hospital or the second of the hospital or attended to the hospital or hospital or the hospital or hospital or hospital or h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use at the experiment permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.	TO BE COMBLETED BY BUYSICIAN, MEDICAL CEDTISICATION

	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH												
	MARY E SULLIVA	N							6/1/		3.50 AM M		
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. In	ast birthday)	IF UNDER			R 24 HRS.	7. DATE OF B	IRTH	8. BIRTHPLA Country)		PLACE (State or Foreign
	212-50-2783	1 🗆 M 2 📈 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	10/3/	05			vland
	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE			9c. COU	NTY OF D	
8	PRINCE GEORGES HO	SP CENTER	2		CHE	VERL	Υ				DD T NI	CE GE	OPG
DIRECTOR	PRINCE GEORGES HO			I									
뿔	Manay Lamed 10b. COUNT	Y		10c, CIT	Y, TOWN			211					10d. INSIDE CITY LIMITS?
	Maryland				RgI		ore (						1 X YES 2 NO
FUNERAL	2/00 Prombleton	04				10	H. ZIP COE						THAT COUNTRY?
W	2409 Brambleton	12. WAS DECEDER	7 5150 1110 4		1 40		212				U.S		
5	1 Never Merried 2 Merried	NO		If yes, sp	pecify Cub	en, Mexica	IC ORIGIN? (S <sub>i</sub> n, Puerto Rican		or No-	Black	— American Indian, White, etc.		
B≺	3 X Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1   YES	8 2 X NO	Specify				Speci	White
	15. DECEDENT'S EDI	ICATION	16a. C	ECEDENT'S	USUAL O	CCUPATI	ON		16b. KIN	D OF BUS	INESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of fe. Do NOT u	work done se retired.)	auring m	ost of work	ing					
릴	10 vr's			minis	trat	ion	Assi	istan	t Go	vern	ment		
Ö	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle			_	
BE	Theodore	Tyle	r					Grac	е			Lew	is
	19e. INFORMANT'S NAME (Type/Print)						and Numbi	er or Rural I	Route Number, C	lity or Town	n, State, Zij	p Code)	11
5	Mrs. Peggy Cosse	ooom		1270	6 Cl	ear	field	d Dr.	Bowi	e.Md	. 20	715	
	20e. METHOD OF DISPOSITION	noval from State	other	E OF DISPO		ame of ce	metery, cre	matory or		20c. LO	CATION -	City or To	wn, State
	4 Donetton 5 □ Other (Specify) Druid Ridge 6/5/91 Baltimore, M												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr.   22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214   Leonard J. Ruck, Inc. 5305 Harford Rd.										21214		
											ord Rd.		
	23. PART I. Enter the diseeses, pr				not enter	r the me	ode of d	ying, suc	h ss cerdiec	or reapi	retory ar	rrest,	Approximete
	IMMEDIATE CAUSE (Final										Interval Between Onset end Death		
	disease or condition												
	reaulting in death)  e												
z	Ap/45.2												
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate DUE TO (OR AS/A CONSEQUENCE OF):												
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c			_								
E	that initiated events reaulting in death) LAST	DUE TO	OR AS A CONS	EOUENCE C	HF):								
斯 l		d						·					<u> </u>
	PART il. Other eignificant condition	ns contributing to	death but not	resulting	in the u	nderfyir	ng cause	given In	Part I. 24		AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									1	PERFOR			COMPLETION OF CAUSE OF DEATH?
									_   '			-	1 TYES 2 NO
_													
NA.	25. WAS CASE REFERRED TO MEDICAL						PLACE OF	DEATH (Ch	eck only one)				
Sic	1 WES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nu		me 5 🗆 I	Residence	6 Other (Sp	eclfy)			
PHYSICIAN:	27. MANNED OF DEATH	28e. DATE O	F INJURY Day Year)	28b. TIR	ME OF		JURY AT		28d. DESCRI	BE HOW I	NJURY O	CCURED	
BY F	Netural 5 Pending 2 Accident Investigation	6/1	191	350	A M		YES 2	□ NO			<u>.</u>		
	3 Suicide 8 Could not be	26s. FLACE	OF INJURY — A1	home, ferm,	street, fec	tory, offi	ce		26f. LOCATIO	N (Street a	ind Numbe	er or Rural F	Route Number,
1	4 Homicide determined												
2	29e. CERTIFIER CERTIFYING PHYS	SICIAN: To the beat of	of my knowledge,	death occur	red at the	time, dat	te and plac	e, end due	to the cause(e	) end mar	nner as st	nted.	
COMPLETED	one)	ER: On the besie of	examination end/o	or Investigati	on, In my	opinion,	death occ	ured at the	1lme, date and	place, an	d due to 1	the couse(c	) end manner ee stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIE	ER					29c. Li	CENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
8	Dank	-Sun	9//	77			1	72	6/9	0	•	61	1/9/
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	JSE OF DEATH (IT	TEM 27) (Typ	e, Print)							1	/ /
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE										
	IIIN 3 1991	Chillia Laure	Maria	A STATE OF									

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BALTIMORE, MARYLAND 21215-002

Pages 1, 2, 3 should

1	- STATE REGISTRAR
	1. DECEDENT'S NA
	4. SOCIAL SECURIT
	212-0
I	9a. FACILITY NAME

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

TIEGIOTTOTT				OATE				NEG. NO	·		
1. DECEDENT'S NAME (First, Middle, Last)	M M			ST,	4/-	V_			AY	YEAR	3. TIME OF DEATH
HELEN  4. SOCIAL SECURITY NUMBER		E (In vrs. lest	67-44-31	IF UNDER 1	· · · · · · · · · · · · · · · · · · ·			7. DATE OF BIRTH	1	91	- 7 H
	1 - M 2 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		8. BIRTH	PLACE (State or Foreign y)
212-09-9344		76	THS.						14		ARYLAND
9a. FACILITY NAME (If not institution, give a				9b. CITY,	TOWN C	R LOCATI	ON OF DE	ATH	9c. COL	INTY OF D	EATH
LIBERTY MEDIC	AL CENTER			E	BAL	rimo	RE	co.	В	ALTI	MORE
RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY	,		100 CITY	, TOWN OI	D LOCAT	TON					10d, INSIDE CITY
	MD					IMOR	T.				LIMITS?
		DF	_						XXYES 2 NO		
	OF EVERG	REEN	WE	ST	101	. ZIP COD	E		10g. CIT	TIZEN OF W	VHAT COUNTRY?
333 HARLEM A				21228 USA						SA	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, atc.)							- American Indian, c. White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			ï	YES	2 10	Specify	r.		Speci	iv:
ar .											WHITE
15. DECEDENT'S EDU (Specify only highest grade		16a. DEC	CEDENT'S	USUAL OC	CUPATIO	ON at of worki	ina	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	lite.	Do NOT us	vork done d e retired.)							
11th grade		F	HOME	MAKE	ER						
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)		
HERMAN W. SM	ITH						ROS	SE PAULZ	INE		
19s. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS	(Street a	nd Numbe		Route Number, City or Tox		ip Code)	
THEODORE B. S	TAGG JR.		2305	KNC	T.T.	COL	тят	TARRETT	SVII.	T.E	MD 21084
		20b. PLACE					11. 1			- City or To	
20a METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 Rem  4 Donation 6 Other (Specify)		of cemetary.	crematory	or other pl	ace)		170.37	1			
21. SIGNATURE OF FUNERAL SERVICE LIC		LOUDI	EN P				SS OF FA		BALT	0.,	MD
	PERIOLE							STEVENS	FIIM	EDAT	HOME
								RT AVE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	S A COMPER	SUFFICE OF	.):				LLUZITI			Onset and Death
Sequentielly list conditions,  DOE TO (OR AS A CONSEQUENCE OF):  ARTERIOSCLEROTIC MEART INISEASE											
If any, leading to immediate	D <del>UE TO (OR A</del>	S A COUSEO	MENCE OF	<b>)</b> :							
cause, Enter UNDERLYING CAUSE (Disease or Injury	c CHRUN	12 0	1357	-Rno	CD'	VE	Lu	N4 Als	BAS	6	
that initieted events	DUE TO (OR A	S A CONSEC	DUENCE OF	7):							
resulting in death) LAST	d										
PART II. Other significant condition	to contributing to death	h but not a	saulālas I	le ébe un	al a ala da		Alvine de	Book I as ung se			WERE AUTOPSY FINDINGS
								Part I. 24a. WAS AF PERFO		246	AVAILABLE PRIOR TO
- K+, K;	ancy st	aghe	717	Co	wc	WILL	3	1 _ YES	2 NO		COMPLETION OF CAUSE OF DEATH?
- 519		CA	-ST1	2057	oM	4		_	1		1   YES 2   NO
- DEME	NTIA							Total I			
25. WAS CASE REFERRED TO MEDICAL					28. PI	LACE OF I	DEATH (Ch	eck only one)			
EXAMINER?  1 YES 2 1 NO	HOSPITAL:	outpatient 3	□ DOA	OTHER A Num		m 5∏8	lasidanca	6 Other (Specify)			
27. MANNER OF DEATH	28s. DATE OF INJUS		28b. TIM	E OF		JURY AT		28d. DESCRIBE HOW	INJURY O	CCURED	
1 🔀 Natural 5 🗌 Pending	(Month, Day, Yea	er)	INJ	URY	WC	ORK? YES 2	□ NO				
2 Accident Investigation	26e. PLACE OF INJU	IRV — At hor	me form (	strant facts				28f. LOCATION (Street	and Mumb	or or Durol I	Doube Mumber
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	Specify)	***************************************	street, racti	ory, onic		- 1	City or Town, State		er or nurar i	noute Number,
CONSCR OTHY	ICIAN: To the best of my kr	nowledge, de	eth occum	ed at the ti	me, date	and plac	e, and due	to the cause(a) and me	mner as st	ated.	
one) 2 MEDICAL EXAMINI	R: On the besis of examine	ition and/or i	Investigation	n, in my o	pinion, d	death occu	red at the	time, data and placs, a	nd dua to	the cause(i	a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R / A	11.1	1			29c. LIC	ENSE NUI	WBER	29d. DA	TE SIGNED	(Month, Day, Year)
317	(0)	1100	X	MA	١.	1	25	3300	•	5	131:51
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITE	M 27) (Type	Print)	. 1	0 1 .	1	20 101 -0	10	146-	71
30. NAME AND ADDRESS OF PERSON WE SUDKILL, DA	PATEL.	ć	2600	o L	564	My	R	13 mg	15 -	40	21215
IIIN 3 1991	32. REGISTRAR'S S	N-POTE	486			,					

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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HISTORY CERTIFICATE OF									
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH 3. TIME OF DEATH								
	AGNES SKOPINSKI  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday) IF UNDER 1 YEAR	31 91 6'0 A								
		IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) (Morrit), Day, Year)								
	212-03-9441 1 M 2 OF 7.7 YRS. MONTHS DAYS	3-3-1914 MD								
8	FRANCIS SCOTT KEY D.C. BAN	R LOCATION OF DEATH  Sc. COUNTY OF DEATH  CTIMORE								
ן הֵן	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATI									
DIRECTOR	MD BALTO. BALTO	I MITS?								
		ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?								
FUNERAL	713 MARGO RD.	21222 USA								
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECE	ENDENT OF HISPANIC ORIGIN? (Specify Yea or No—  14. RACE — American Indian, Black, White, etc.								
BY F		2 NO Specify: Specify:								
		IN 166. KIND OF BUSINESS/INDUSTRY								
	(Specify only highest grade completed) (Give kind of work done during mos	at of working								
COMPLETED	Elementary/Gecondary (0-12) College (1-4 or 5+)  77H  HOUSE WIFE									
8	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Melden Sumame)								
BEC	WOJEIECH JANOWSKI	VERONICA WOZNIAK								
2		nd Number or Rural Route Number City or Town, State, Zip Code)								
F										
	20a_METHOD OF DISPOSITION  1									
	21. SIGNATURE OF FUNERAL BERVICE LICEASURE  22. NAME AN	DEM 6/4 BALTO. MD								
	EDUA EDUA	ARD T. WEBER FUNERAL HOME								
	warre & Meldin 401									
	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mod shock, or heart fellure. List only one cause on each line.	Interval Between								
	IMMEDIATE CAUSE (Finel disease or condition	Onset and Deat								
	disease or condition - a. Anoxic Encyhalopathy  DUE TO (OR AS A CONSEQUENCE OF):									
_										
٥	Sequentielly list conditions, if eny, leading to immediate	nea   monet								
\ \ \	Cause. Enter UNDERLYING CAUSE (Disease or Injury									
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
CERTIFICATION	d.									
A	PART II. Other significent conditions contributing to death but not resulting in the underlying	g cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO								
	Hypertension, Periphenel variables disease	1 VES 2 NO OF DEATH?								
ME		1 UES 2 NO								
PHYSICIAN: MEDIC										
5	EXAMINER? HOSPITAL: OTHER:	ACE OF DEATH (Check only one)								
ΥS	1 ☐ YES 2 ☐ NO 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Hom  27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJ	e 5 Gesidence 8 Other (Specify)  URY AT 28d, DE\$CRIBE HOW INJURY OCCURED								
-		on a lead beaching from Indon's occurred								
	1 Netural 5 Pending (Month, Day, Year) INJURY WO									
B	1 Metural 5 Pending 2 Accident Investigation 3 Suiddle 2 Se. PLACE OF INJURY — At home, farm, street, factory, offici	YES 2 NO 281. LOCATION (Street and Number or Rural Route Number,								
B	1 Metural 5 Pending 2 Accident Investigation	YES 2 NO								
B	1   Netural   5   Pending	YES 2 NO  2ef. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
B	1   Natural   5   Pending   M   1   Natural   2   Accident   3   Suicide   4   Homicide   6   Could not be desermined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28e. P	YES 2 NO  a 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  and place, and due to the cause(a) and menner as stated.								
COMPLETED BY	1   Netural   5   Pending	YES 2 NO  a 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  and place, and due to the cause(a) and menner as stated.								
BE COMPLETED BY	1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dispersional design of the basis of axamination and/or investigation, in my opinion, dispersional design of the basis of axamination and/or investigation, in my opinion, dispersional design of the basis of axamination and/or investigation, in my opinion, dispersional design of the basis of axamination and/or investigation, in my opinion, dispersional design of the basis of axamination and/or investigation.	a 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)  and place, and due to the cause(s) and menner as stated.								
	1   Natural   5   Pending   M   1   Natural   2   Accident   3   Suicide   4   Homicide   8   Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)   29e. CERTIFIER   1   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data one)   2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, did   29e. SIGNATURE AND TITLE OF CERTIFIER	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  and place, and due to the cause(a) and menner as stated.  leath occured at the time, data and place, and due to the cause(a) and menner as stated.  29c. LICENSE NUMBER  29d. DATE BYTHED (1997, 1997)								
BE COMPLETED BY	1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dispersional design of the basis of axamination and/or investigation, in my opinion, dispersional design of the basis of axamination and/or investigation, in my opinion, dispersional design of the basis of axamination and/or investigation, in my opinion, dispersional design of the basis of axamination and/or investigation, in my opinion, dispersional design of the basis of axamination and/or investigation.	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  and place, and due to the cause(a) and menner as stated.  leath occured at the time, data and place, and due to the cause(a) and menner as stated.  29c. LICENSE NUMBER  29d. DATE BYTHED (1997, 1997)								

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- W. F. B.

DHMH-16 Rev 1/89

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pag		t be
firector,		r mus
MRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta		iem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
by the	етома	dical
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and	par.	ig the
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MREC	SUNC	E

						9	1 14926					
	FOR STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	_						
	1. DECEDENT'S NAME (First, Middle, Last) ALVIN E SP		GGS SR.		2. DATE OF DEATH	AY YE	3. TIME OF DEATH  7.12.A. M					
	4. SOCIAL SECURITY NUMBER 214-54-7361	5. SEX 6. AGE (in yrs. 1 ) M 2   F		UNDER 1 YEAR IF UNDER 24 HRS THE DAYS HOURS MIN.	. 7. DATE OF BIRTH (Month, Day, Year)	4.0	SURTHPLACE (State or Foreign Country) ALTIMORE, MD.					
TOR	98. FACILITY NAME (If not institution, give str  HOLDOY HOSPI  RESIDENCE OF DECEDENT		96.	Ballimon		9c. COUNTY	of DEATH It male					
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND			IMORE			10d. INSIDE CITY LIMITS?  Y YES 2 NO					
FUNERAL	833 SEAGULL AVE,	BALTIMORE, MA	RYLAND	10f. ZIP CODE 21225		USA	OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2X IF YES, GIVE WAR OR DATES	ARMED NO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Max 1 YES 2X NO Spe	ican, Puerto Rican, etc.)							
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	life. Do NOT use ret	done during most of working ired.)	16b. KIND OF BU	ISINESS/INDUST	тнү					
	BALTIMORE, CITY  17. FATHER'S NAME (First, Middle, Last)  JAMES E. SPRIGGS  LILLIE SPRIGGS											
TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	MARY SPRIGGS  20a METHOD OF DISPOSITION 1-AL Burlat 2 Commetion 3 Herno 4 Donation 5 Other (Specify)	20b. PLA of comet WE.S	CE AND DATE OF	DISPOSITION (Name  ther place)  AR CEMETERY	DATE 20c. LO	OCATION — City						
	21. SIGNATURE OF ROMERAL SERVICE UC			ESTEP BROTHE 1300 EUTAW P	RS FUNERAL	HOME, P	.A.					
	23. PART I. Enter the/diseases, or c	omplications that caused the										
	iMMEDIATE CAUSE (Fine) disease or condition rasulting in death)			T.		Onset and Death						
NOI	IMMEDIATE CAUSE (Fine) disease or condition rasulting in death)  a. Cryptococcal Muningitis  DUE TO (oh AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):									
CER		I.										
MEDICAL	PART II. Other significent condition	s contributing to death but no	ot resulting in t	ne underlying ceuse given		PMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
							1 TYES 2 NO					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH								
Y PHYSICIAN:	27. MANNER OF DEATH Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Nursing Home 5 Residen  F 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	RED					
TED BY	2 Accident investigation 3 Suicide 6 Could not be datermined	28e. PLACE OF INJURY — Albuilding, etc. (Specify)	26t. LOCATION (Stree City or Town, State		Rural Route Number,							
COMPLET	one)	CIAN: To the best of my knowledge R: On the besis of examination and					suse(s) and manner as stated.					
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES	een, MD.	,	29c. LICENSE	NUMBER	29d. DATE \$	IGNED (Month, Day, Year) 28791.					
F	20 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (	TEM 27) (Type, Pri	to spilal	Center	Ball	timore					

Sevidson-Randales

0 3 1991

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2....ours after death. Pay TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral doe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinent

10

31. DATE FILED (Morith, Day, Year)

JUN 3 1991

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32 AEGISTRAP'S SIGNATURE And Davidson-Randows

	- REGISTRAR	TATE OF MARYLA		MENT OF HEALT CATE OF DE		AL HYGIENE REG. NO.	71	14927			
	1. DECEDENT'S NAME (First, Middle, Leat) EDWARD SAKOWS	KI EDWARD	STANISLA	US SAKOWS	KI 2. DAT	e of DEATH	MEAG	IO:45 a			
	222 25 2216	8. AGE (III	8. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)  67 YRS. MONTHS DAYS HOURS MIN. 5/31/1923 M								
EC CO BC	na										
DIRECTO	10e. STATE 10b. COUNTY	na	200	I. INSIDE CITY LIMITS? YES 2 NO							
FUNERAL	10e. STREET AND NUMBER 1918 Fleet Street		4	10f. ZIP C	ODE 21231	18g. Cl	USA	COUNTRY?			
BY FUN	1 Name Married 2 W Married	was decedent ever in Forces? 1 Yes if yes, give war or da 1943-45	2 NO	13. WAS DECENDEN If yes, specify C 1  YES 2	Black, Wi Specify:	American Indian, hita, etc.  Thite					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5 +)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relied.)  Armco Steel										
	17. FATHER'S NAME (First, Middle, Last)  John Sakowski  Frances Wisniewska										
TO BE	199. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  Frances Sakowski Wife  1918 Fleet St, Baltimore, MD 21231  206. METHOD OF DISPOSITION  7 206. PLACE OF DISPOSITION (Name of cemetery, crematory or 206. LOCATION — City or Town, State										
	20s. METHOD OF DISPOSITION 1 Gentler 2 Gremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b.	PLACE OF DISPOSIT other place)	TION (Name of cemetery,	crematory or	20c. LOCATION -	- City or Town,	State			
medical examine	21. SIGNATURE OF FUNERAL SERVICE LICENS	Ronald Wade, Dir State Anatomy Board 655 W. Baltimore St., Balto., MD 21201									
5	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF): C.7. OF: TIDIC										
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  b. Cu of Aug Ton Finally Ca Type  DUE TO (OR AS A CONSEQUENCE OF):										
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CI	PART II. Other algoliticent conditions co	ontributing to deeth b	ut not resulting in	the underlying cau	se given in Part I.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	CO OF	ERE AUTOPSY FINDINGS BALLABLE PRIOR TO DIMPLETION OF CAUSE DEATH?  YES 2 NO			
SICIAN		OSPITAL:		26. PLACE ( OTHER: 4  Nursing Home 5 (	DF DEATH (Check only						
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJURY A	T 28d. I	DEŞCRIBE HOW INJURY (	OCCURED				
28 Is TED	3 Suicide 8 Could not be determined	26a. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, factory, office		OCATION (Street end Num lity or Town, State)	ber or Rural Rout	a Number,			
MP L	299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my know on the basic of examination						nd manner as stated.			
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	OMPLETED CAUSE OF DE	l- Greci	seit D	FO 3 TG	29d. C	S 25	onth, Day, Year)			

NAVARRO

DHMH-18 Rev 1/89

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0 21215-0020

BALTIMORE, MAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4	FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAF	ICATE	OF H	EALTH DEAT	AND N	MENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH DA	NY.	YEAR	3. TIME OF DEATN		
	CATHERINE E. TA	YLOR							May			991	м
			. AGE (In yrs. la		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O (Month,	F BIRTN Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
		1 - M 2 X F	78	YRS.						27,19	v	_	LTIMORE
~	9a. FACILITY NAME (If not institution, give stre						R LOCATIO	ON OF DE	ATN		9c. COL	UNTY OF D	EATH
5	813 WASHBURN AVEN	IUE		BALTIMORE									
DIRECTOR	10e. STATE 10b. COUNTY			10c. C/1	Y, TOWN C	R LOCAT	ION			_			10d. INSIDE CITY
	MARYLAND				BALT	IMOR	E.						1 YES 2 □ NO
₹ I	10e. STREET AND NUMBER					101	ZIP CODE				10g. CI	TIZEN OF Y	WHAT COUNTRY?
FUNERAL	813 WASHBURN AVE					$\perp$	2122	_				J.S.A	
BY FU	11. MARITAL STATUS  1  Never Married 2  Married  3  Widowed 4  Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAF	YES 2 🔼	RMED NO		If yes, sp		n, Maxicar	n, Puerto Ri	(Specify Yea can, etc.)	or No—		E American Indian, k, White, atc. **/** WHITE
	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON at an analysis		16b.	KIND OF BUS	BINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 6	. Do NOT u	se retired.)	uumg mo	at Of WORKIN	v					
MP	10TH GRADE		DII	ETARY	AID	E						RS HO	SPITAL
	17. FATNER'S NAME (First, Middle, Last)						2201000			ddle, Maiden			
BE	JAMES BACH									LACHMA			
2	19a. INFORMANT'S NAME (Type/Print)  IRENE J. DROZD  19b. MAILING ADDRESS (Street and Number or 1  1 HIGH BUTTON COURT												6
	20g, METHOD OF DISPOSITION							NI,I.	OATE	V			
	1 A Buriel 2 Cremation 3 Removed Bonation 5 Other (Specify)	val from State	of cemetar	y, cremator	y or other p								
	21. SIGNATURE OF FUNERAL SERVICE LICE		22.	NAME A	D ADDRES		CILITY			IUKP.			
	Dawn 2.5	Jusher								HOME I		MODE	MD. 21229
	23. PART I. Enter the diseases, or co shock, or heart failure. L												Approximats Interval Between
1	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions  b. DUE TO (OR AS A CONSEQUENCE OF):  Carl prost of carl prost										Onset and Death		
		QUENCE O	F):	.e. C	en!	10111	rscal	local	lcea	e			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	GRENCE C	P):			200							
S	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury												
TF	that initiated events resulting in death) LAST	DUE TO (C	R AS A CONSE	QUENCE (	OF):								
H	L d												
AL	PART II. Other significant conditions		esth but not	resulting	In the u	nderlyin	g cause (	given in	Part I.	24a. WAS AN		Y 241	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
200		4							_	1 TYES		-	COMPLETION OF CAUSE OF DEATH?
ME									_				1   YES 2   NO
ä													
PHYSICIAN: MEDIC		HOSPITAL:			OTHE	_	LACE OF D	EATH (Ch	eck only one	)			
IYS	1 VES 2 NO 27. MANNER OF GEATH	1 Inpetient 2 II		3 DOA 28b, Til	_		URY AT	sidence	8 Other	(Specify)	IN HIEW O	COLIDED	
	1 Natural 5 Pending	(Month, Day	Year)	16	JURY M	W	PRK?	□NO	200. DEŞ	CHIBE HOW I	INJUNT O	CCURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At I	oma, farm,	atreet, fac			-				per or Rural	Route Number,
Ë	4 Nomicide determined	building, et	е. (Specify)						City o	r Town, State	)		
PE	29a. CERTIFIER Check only	JAN: To the best of m	y knowledge, o	leath occur	red at the	time, date	and place	, and dua	to the cau	e(a) and ma	nner as si	tated.	
COMPLETED	0700) 2 MEDICAL EXAMINER	: On the basis of axa	mination and/o	r investigat	lon, in my	opinion,	leath occu	red at the	time, data	and place, ar	nd due to	the cause(	a) and menner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				0.000	1	29c. LIC	ENSE NUN			29d, D/	ATE SIGNE	D (Month, Dey, Year)
TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	OF CEATURE	EM OTO C	9		D	20	080			5	3/191
	DR. JAMES EVANS,	700 WAS				BA	LTIMO	ORE,	MARY	LAND	21	230	
	JUN 3 1991	32. REGISTRAR	'S SIGNATURE										
	ומבון	Fishia Davids	n-hande	مالا									

9125

8. BIRTHPLACE (State or Foreign Country)

10d, INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 NO

BLACK

Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

5/30

COMPLETION OF CAUSE OF DEATH?

M

DIRECTOR

FUNERAL

BY

COMPLETED

2

once

F 38 notified

use as the burial-tram

Por

A SOCIAL SECURITY NUMBER

220-76-4512

29b. SIGNATURE AND TITLE OF CERTIFIER

MARK

w

1991

MD

Davidson-Randalle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS

MIN.

HOURS

9h, CITY, TOWN OR LOCATION OF DEATH

2. DATE OF DEATH

7. DATE OF BIRTH

5

4

DAY 30

9c. COUNTY OF DEATH

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

014022

VENABLE

33

5. SEX

1 M 2 - F

6. AGE (In yrs. lest birthday)

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 executed within RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be DIVISION OF VITAL

artending physician and completely filled in by the funeral director, page 5 should be detached infall Hygiene prior to burial, cremation, or removal. e must examiner medicai the event, traumatic other 6 this certificate has been signed by the atten with the State Dept. of Health and Memal I rked, or item 23 shows any injury, o is marked, After 1 death DIRECTOR: A hours after d FUNERAL WITHIN 72 P IMPORTANT: If within . THE PER 223

BE

2

**DHMH-16 Rev 1/89** 

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the wors after death. Page 6 may be retained by the hospital or attending privates in the second of the hospital or attending privates in the second of the hospital or attending privates in the hospital or attending privates in the hospital or attending privates in the hospital or attending privates in the hospital or attending privates in the hospital or attending privates in the hospital or attending privates in the hospital or attending privates in the hospital or attending privates in the hospital or attending privates in the hospital or attending privates in the hospital or attending privates in the hospital or attending privates in the hospital privates	ours after death. Page 6 may be retained by the hospital or attending present
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the paying the property of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d in by the funeral director, page 5 should be detached for use as the property or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

ages 1, 2, 3 should

	1 - STATE REGISTRAR		CERTIFIC	ATE OF DEAT	'H	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	,	, ,			ATE OF DEATH	VEAD	3. TIME OF DEATH		
DIRECTOR	LUCY A	100 d	rod			5 - 23 - 91				
	4. SOCIAL SECURITY NUMBER 277-32-9641			UNDER 1 YEAR IF UNDER	MIN.	ATE OF BIRTH Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)		
	So. FACILITY NAME (Mynot Institution, give street and number)  So. FACILITY NAME (Mynot Institution, give street and number)  So. FTO TOWN OR LOCATION OF DEATH  So. FTO TOWN OR LOCATION OF DEATH  So. FTO TOWN OR LOCATION OF DEATH  RINGE LIORGE									
	Ma. P.G.							10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10e, STREET AND NUMBER			101. ZIP CODE			10a CITIZEN OF	WHAT COUNTRY?		
COMPLETED BY FUNERAL	4011 Webster St.				20722			U.S.A.		
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	IN U.S. ARMED  2X 140  DATES	If yes, specify Cuben, Mexican, Puerto Ricen, etc.)  Black, White,			CE — American Indian, lick, White, atc.  Black				
	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16a. DECEDENT'S US (Give kind of work	UAL OCCUPATION  k done during most of working	g	16b. KIND OF BUS	INESS/INDUSTRY			
	Elementary/Secondary (0-12) 8th	College (1-4 or 5 +)	Domest			Clean	ing/Da	ycare		
S S	17. FATHER'S NAME (First, Middle, Last)					irst, Middle, Meiden	Surname)			
BE (	Bert Par	ham		1	Fannie	e Scott				
TO B	19e. INFORMANT'S NAME (Type/Print)		the same of the sa	ODRESS (Street and Number						
-	Lucinda Wood			62nd Ave						
	20a. METHOD OF DISPOSITION 1 № Burlel 2 Cremetton 3 Remo 4 Donation 5 Other (Specify)	other place)	t. Lincoln Cem.   Bladensburg, Md.							
H	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY H.S. Washington & Sons, Inc. 4925 Burroughs Ave., NE									
	23. PART I. Enter the diseases, or co	omplications that cause	d the deeth. Do not					Approximate		
CERTIFICATION	shock, or heart failure. I	Liat only one cause on a	hiobuln	ionary	Ar	rent		Interval Between Onset and Death		
		DUE TO (OR AS	A CONSEQUENCE OF):	1/	ativ	e sep	5/5			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):	10to-to	tic 1	Carrin	nua 1	Dugvi		
	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	(Clay far						
L C	PART ii. Other aignificent conditions	contributing to death	but not resulting in	the underlying cause	given in Part	I. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS		
PART II. Other aignificent conditions contributing to death but not resulting in the under						PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME	Cacheria						x	1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
SIC	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 LLimpatiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify)									
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	DF 28c. INJURY AT WORK?  M 1 YES 2	- ~	I. DEȘCRIBE HOW II	NJURY OCCURED			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide determined 1 Description 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						al Route Number,			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.									
OM	one) 2 MEDICAL EXAMINE	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner ee stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIER  29d. DATE SIGNED (Morith, Gay, Year)  29c. LICENSE NUMBER  29d. DATE SIGNED (Morith, Gay, Year)									
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  G. M. D. A. M. G. D. G. C. L. Equilurate Ave Rivertale Mink									
	31. DATE THEED (Monty), Day Your)	Jana Davidson		0 0 10 1		- ()/6=(	V- /			
			<u> </u>					DHMH-18 Rev 1/89		

OTTO THE PROPERTY OF

FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.
DECEMENT'S NAME (First, Middle, Last)	resid	William	- 1.	2. DATE OF DEATH MONTH DAY

	REGISTRAR CERTIFICATE OF DEATH REG. NO.							
TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEMENT'S, NAME (First, Middle, Least).  1. DECEMENT'S, NAME (First, Middle, Least).  2. DATE OF DEATH DAY SEAR 5 49 M							
	4, SOCIAL SECURITY NUMBER 5. SEX 1 M 2 D F 8. AGE (In yrs are birthday) 1 YRS.  8. AGE (In yrs are birthday) 1 YRS.  8. AGE (In yrs are birthday) 1 YRS.  9. BUTTH (Moght, Day, Veer) 1 DAYS HOURS MIN.  7. DATE OF BIRTH (Moght, Day, Veer) 1 DAYS HOURS MIN.  7. DATE OF BIRTH (Moght, Day, Veer) 1 DAYS VEER DAYS HOURS MIN.							
	BON GOURS (1) OF DECEMENT  RESIDENCE OF DECEMENT  DO TO THE STORE OF DECEMENT  PLANT OF D							
	100. STATE 100. COUNTY 100 CITY, TOWN OR LOCATION 10d. INSIDE CITY LIGHTS?							
	10g/STREET AND NUMBER  10g. CITIZEN OF WHAT COUNTRY?							
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, Black, White, etc.) 15. Was pecify Cuban, Mexican, Puerto Rican, etc.) 16. White, etc.							
	1) Never Married 2 Merried 3 Wildowed 4 Divorced    Never Married 2 Merried   Never Married 2 Merried   Never Married 2 Merried   Never Married 3 Merried 3							
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  15b. KIND OF BUSINESS/INDUSTRY							
	David Williams, Sr Ether John Sun							
	19e, INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Old A. Data Code  The Art							
	20e. METHOD OF DISPOSITION  20							
	21. SIGNATURE OF THE GRAND ADDRESS OF FACILITY  AND ADDRESS OF FACILITY  MARCH. F. H. WEST.							
_	1911 (INDA 4300 Wallast) fix							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition)							
CERTIFICATION	disease or condition and consequence of: CNS METASIS							
	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):							
	couse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST							
ER	d							
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE							
	DILLASTIC (IN IS OIL DICE SO IS DIAL)							
	1 YES 2 NO							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:  OTHER:							
	1 VES 2 TAGO 1 Tall inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 286. OATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED							
ВУ Р	1 Naturel 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO							
ETED	3 Suicide 6 Could not be 4 Homicide determined  28s. PLACE OF INJURY — All home, tarm, street, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — All home, tarm, street, factory, office City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, end due to the cause(e) end manner ee stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the lime, date end place, end due to the cause(e) end manner ee stated.							
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. D= 21420  296. DATE SIGNED (Month, Day, Year)  30 MAY 91							
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BON SCCOULS HOLD 2/223.							
	JUN 3 1991 July Deviden A Market							

31. DATE FILED (Month, Day, Year)

JUN U 3 1991

32. REGISTRAR'S SIGNATURE

					0	1 14932	
	SIAIE		MENT OF HEALTH AND	MENTAL HYGIEI REG. NO	NE -	1 14734	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH	DAY, YE	3. TIME OF DEATH	
	LEO JAMES WELSH ST			5 2	8 0	118:03 Pm	
	4. SOCIAL SECURITY : 2557  173-12 - 4557  1 M 2 F 76		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr. 27,1		BIRTHPLACE (State or Foreign Country) Pennsylvania	
NG	90. FACILITY NAME (If not institution, give street and number)  26/01 COPPOR Drive	91	DAMACUS	DEATH	Man Man	OF DEATH TGOMERY	
ן ק	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	Lan DITY T	OWN OR LOCATION			10d, INSIDE CITY	
DIRECTOR	MONTGOMERY		macus			1 YES 2 NO	
FUNERAL	26/0/ CORNOR Drive		101. ZIP CODE 208	72	10g. CITIZEN	OF WHAT COUNTRY?	
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED	13. WAS DECENDENT OF HISP. If yes, specify Cuban, Mexi-		ee or No— 14.	RACE — American Indian, Black, White, etc.	
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced  1 F YES, GIVE WAR OR DATES  W. W.II., KORE		1 TYES 2 NO Spec			SpecifyWhitE	
밑	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a.	(Give kind of world	WAL OCCUPATION k done during most of working		USINESS/INDUST		
COMPLETE	Elementery/Secondary (0-12)	life. Do NOT use n	NG Service		gomero	OARD	
0	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Meide	n Surname)		
BE C	JAMES WELSH		Emm	A JANE	CAI	ILAWAY	
	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street end Number or Rurs				
인	Leo James Welsh, Jr.	3004 B	el Pre Rd, Sil	ver Spring	g,Md. 20	0906	
	20a. METHOD OF DISPOSITION  1 Burtel 2 Cremetton 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  Metropolitan Crematory  Alexandria, Virginia						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF I	ACILITY			
	Mary H. Barker	into)	Muriel H. P. O. Box	Barber Fur 5038, Lay	neral Honsvil	ome le,Md.20882	
	23. PART I. Enter the diseases, or complications that caused the shock, or heart feliure. List only one cause on each it		enter tha moda of dying, at	ch ea cardlec or rea	piratory arrest	t, Approximate interval Between	
	IMMEDIATE CAUSE (Final					Onset and Death	
	disease or condition a. Consultive	travet F	Ziluze_				
	DUE TO (OR AS A CON		10				
N		Comp	Tothy				
CERTIFICATION	if any, leading to immediate	4		0-			
5	CAUSE (Disease or injury		sonary Hear	DISCOUL	3		
	thet initieted events resulting in deeth) LAST	SEGUENCE OF J.	}			j	
	d						
1 . 1	PART ii. Other aignificant conditions contributing to death but no	ot resulting in	tha undarlying causa given i	n Part i. 24s. WAS /	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
일	Chronic Obstructive Pulmonary	Diseas	ر ا	1 _ YES		COMPLETION OF CAUSE OF DEATH?	
Ä	Chronic Ventionlar ectopy				/ '	1   YES 2   NO	
ż	Renal Insufficiency						
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (	Check only one)			
Sic	Table 1   Yes 2   NO   1   Input lent 2   ER/Outpetlent	1 3 🗆 DOA   4	OTHER:  Nursing Home 5 - Reeldenc	S Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJURY AT WORK?	28d. DEŞCRIBE HOV	INJURY OCCUP	IED	
ВУ	1 Netural 8 Pending 2 Accident Investigation		M 1 YES 2 NO				
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — Al building, etc. (Specify)	t home, farm, stre	et, factory, office	28f. LOCATION (Stree City or Town, Sta		Rural Route Number,	
1	4 Homicide determined			,			
COMPLETED	29e. CERTIFIER (Check only one) 2  MEDICAL EXAMINER: On the best of my knowledge						
8	AA						
H	29%. SIGNATURE AND TITLE OF CERTIFIER		352		29d. DATE S	IGNEO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (	TEM 27) (5mg 0		-01	1, 5	164141	
				L1	262		
1	John Yackee, M.D. 10401 C	Tr Geol	rgetown Rd, Be	tnesda, Md	. 20814	<u> </u>	

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filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal.

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certificate h Hem

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DIRECTOR: After the hours after death vitem 28 is mark

TO THE HOSPITAL DR AT TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Itom 2

marked, with t

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be



Pages 1, 2, 3 should

permit.

14933 Items 25,28a-f, per MEO, G-691, 9/14/92 gn FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle) 2. DATE OF DEATH 3. TIME OF DEATH 0 11:45 a<sup>M</sup> 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 6 13 1900 DAYS HOURS 213-18-6711 1 X M 2 - F 90 England YRS Se. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Howard County Gen'l. Hospital Columbia Howard RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland 1 X YES 2 NO Baltimore FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Westminster House, Charles & Center 21201 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 V YES 2 \( \subseteq NO IF YES, GIVE WAR OR DATES \) 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puarto Rican, etc.).

1 YES 2 NO Specify: 1 Never Married 2 Married Specify:White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTR Elementary/Secondary (0-12) College (1-4 or 5+) Maitre 'D Food 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Israel Weiner Fannie Bass BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 6618 Shelrick Place Baltimore, MD 21209 Selma Cohen 20c. LOCATION — City or Town, State
Owings Mills MD
Garrison Forest. METHOD OF DISPOSITION

Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 1 Suriel 2 Cremation 3 L 4 Donation 5 Other (Specify) Maryland Veterans Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 9 · michael, Hebrew Memorial Funeral Home, Inc. Jarocel 1100 Reisterstown Road, Balt. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximete shock, or heart fellure. List only one cause on each line. Interval Between Onset end Deeth IMMEDIATE CAUSE (Finel disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to Beath Out not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 | YES 2 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY 'Month, Days Year! 28d DESCRIBE HOW INJURY OCCURED NUMBEROUS falls 27. MANNER OF DEATH 28c: INJURY AT WORK? 28b. TIME OF INJURY -WACONTEM 1 Natural
2 Accident 8 Pending Unknown Unknown™ 1 YES 2 NO BY 25e. PLACE OF INJURY building, and Special 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide Unknown Unknown 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion,

CAUSE OF DEATH (ITEM 27) (Type, Print)

ulia Davidson

DHMH-16 Rev 1/89

29d, DATE SIGNED (Month

BE 2 296. SIGNATURE AND TITLE OF CERTIE

RESS OF PE

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30. NAME AND AD

31. DATE FILED (Month, Day, JUN U 3

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up a fined within 72 hours after death with the State Deot, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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14934 91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO.		14934
1. DECEDENT'S NAME (First, Middle, Last Mildre	d S. Ward				2. DATE OF DEATH DO	"zq "§	3. TIME OF DEATH 4:47 P
4. social security number 215–03–8039	1 □ M 2 🂢 F	75 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 27,19	915	RTHPLACE (State or Foreign ountry) MD.
On. FACILITY NAME (If not inetitution, give Union Memoria RESIDENCE OF DECEDENT		96	Balti	more	АТН	9c. COUNTY C	DE DEATH
MD.	10c. CITY, TO	DWN OR LOCAT	MORE, CIT	Y	10d. INSIDE CITY LIMITS?  1 X YES 2 \( \sum \) NO		
100. STREET AND NUMBER 912 GORSUCH AVE	912 GORSUCH AVE.				1218	3.	S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1. MARITAL STATUS  Never Married  12. WAS DECEDENT EVER IN OS. ARMED FORCES?  1 YES 2 NO  IF YES. GIVE WAR OR DATES				IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S EI (Specify only highest gra Elamentary/Secondary (0-12)	OUCATION de completed) Collège (1-4 or 5 +)	16a. DECEDENT'S USE (Give kind of work Me. Do NOT use re	done during mo		16b. KIND OF BU	SINESS/INDUSTR	ay .
17. FATHER'S NAME (First, Middle, Last)		HOUSE	WIFE	10 MOTHERIO NA	-	WN HOME	
GILBERT SCHWEIZ	ER				ME (First, Middle, Melden ENGELMEYEF		
19a. INFORMANT'S NAME (Type/Print) ALBERT C. WARD					IMORE, MD.		9)
Res. METHOD OF DISPOSITION  1	moval from State	b. PLACE AND DATE OF	other place)		C /7	CATION City of	or Town, Stata MD. 21206
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	GARDENS OF	22. NAME A	ND ADDRESS OF FA	,	YORK RO	AD 21212
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	arr	est			Onset and De
PART II. Other aignificant condition	ons contributing to death	but not reaulting in t	he underlyln	g cause given in	Part J. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF DEATH (Ch	eck only one)		
1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28a. DATE OF INJURY	tpatient 3 DOA 4	Nursing Hon	JURY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	:D
1 Natural 5 Pending 2 Accident Investigatio		INJUR	M 1 🗆	YES 2 NO			
3 Suicide S Could not 8 4 Homicide detarmined	building, etc. (Sp.	Y — A1 home, farm, atre	et, factory, offic	:0	28f. LOCATION (Street City or Town, State	and Number or R	ural Route Number,
anel and	YSICIAN: To the best of my know						use(a) and manner as stated
one) 2 MEDICAL EXAM							ood(a) and mainer as stated
2 MEDICAL EXAM  29b. SIGNATURE AND TITLE OF CERTIF		yenbach	カーク	29c. LICENSE NU		≥9d. DATE 810 ► S/2	NED (Month, Day, Year)

National States

Inthined latters of at

3. TIME OF DEATH

0315

2. DATE OF DEATH MONTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-ray or the Financian integring. After this certificate has been signed by the attending objection and completely filled.

CC I	Shadar Gmar	TO AZ-	rontiat II.		Desi	errilla		9c. COUNTY OF DEATH				
DIRECTOR	Shady Grove Adventist Hospital					Rockville					Montgomery	
3	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR L	OCATION				100	S. INSIDE CITY LIMITS?	
5	Maryland	Mon	tgomery		Ga:	ither	sburg				1 (	YES 2 XM
A	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZ	EN OF WHA	COUNTRY?	
	18601 Sandpiper Lane						20879			U	SA	
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Amerried  3 Widowed 4 Divorced  12. Was DecEDENT EVER IN U.S. FORCES? 1 \( \bar{\text{N}} \) Yes 2 IF YES, GIVE WAR OR DATES				DECENDENT OF HISP a, specify Cuban, Mexi YES 2 ANO Spec	can, Puerto I	Specify Yee or No—  14. RACE — American Indian, Black, White, etc.  Specify: White					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				DECEDENT'S U	SUAL OCCU	PATION	16b.	KIND OF BU	SINESS/INDU	JSTRY	
COMPLET	Elementary/Secondary (		College (1-4 or 5	+)	Iffe. Do NOT use	retired.)	ng most of working					
M M	12		0		Engine	er	1111		AT &	T		
8	17. FATHER'S NAME (First, I	Middle, Last)					18. MOTHER'S	NAME (First, I	Middle, Maiden	Sumame)		
BA	Leon R. Yo	100	ıs				Be:	lva Wo	ood			
2	19s, INFORMANT'S NAME (				19b. MAILING A	DDRESS (S	reet and Number or Run	al Floute Numi	ber, City or Tow	n, Stata, Zip (	Code)	
F	Ann L. You	unkins	5		Same	as	10e.					
	20a. METHOD OF DISPOSIT		movel from State		CE OF DISPOSIT	TION (Name	of cometery, cremetory o	r	20c. LC	CATION — C	aty or Town,	State
	4 Donation 8 Dothe	er (Specify)				lita	Cremato	rv	A1	exand:	ria,	Virgini
	21. SIGNATURE OF FUNERA	AL SERVICE I	LICENSEE			22, NA	n_Cremator					
	1 mu	rell	W-Bo	4 les.		1	Muriel H.					
	23. PART I. Enter the o	7	111-00				P. O. Box	5038	Lay	tonsv:	ille.	Md. 2088
NOI	IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condi-	Inei →	ъ		SEOUENCE OF		rote	He	ant	2	Seal	interval Be Onset and
HTIFICATION	disease or condition resulting in death)	inei	b. DUE TO	ender O (OR AS A CON	SEQUENCE OF		rote	He	tra	D	2002	0
MEDICAL CERTIFICATION	disease or condition resulting in death)  Sequentially list condition, is adding to immicause. Enter UNDERLY CAUSE (Disease or injusted events	itions, ediate //ING jury	e	O (OR AS A CON	ISEQUENCE OF)				24a. WAS AN PERFO	N AUTOPSY RMED?	24b. WI	Onset and
MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition, in the cause. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LA:  PART II. Other aignifications.	itions, ediate //ING jury	e	O (OR AS A CON	ISEQUENCE OF)	the unde	rlying cause given	in Part I.	24e. WRS AN PERFO 1 YES	N AUTOPSY RMED?	24b. WI	Onset and
ICIAN: MEDICAL	disease or condition resulting in death)  Sequentially list condition, and it is any, leading to immicause. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LA:  PART II. Other aignifications.	itions, ediate //ING jury	b. DUE TO c. DUE TO d. One contributing to	O (OR AS A CON O (OR AS A CON O (OR AS A CON	ISEQUENCE OF)  SEQUENCE OF)  Ot resulting in	the unde		in Part I.	24e. WRS AN PERFO 1 YES	N AUTOPSY RMED?	24b. WI	Onset and
ICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition and the sequentially list conditions, leading to immicause. Enter UNDERLY CAUSE (Disease or injust in initiated events resulting in death) LA:  PART II. Other aignifications are sequentially listed to the sequential list of the sequential list	itions, ediate //ING jury	b. DUE TO c. DUE TO d. One contributing to	O (OR AS A CON O (OR AS A CON O (OR AS A CON O death but no	ISEQUENCE OF)  ISEQUENCE OF)  Ot resulting in	other:	rlying cause given	in Part I.	24a. WAS AMPERFO	N AUTOPSY RMED? 2  NO	24b, Wi All CC Or 1	Onset and
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ED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition and the sequentially list conditions are sequentially list conditions. Sequentially list conditions are suiting in death) LA:  PART II. Other aignifications are sequentially list conditions. Sequentially list conditions are sequentially list conditions. Sequentially l	itions, ediate //ING jury ST cant conditions of the condition of the condi	b. DUE TO  C. DUE TO  d	O (OR AS A CON	SEQUENCE OF) SEQUENCE OF) Of resulting in	OTHER:  OTHER:  OF 28  M  M	riying cause given  28. PLACE OF DEATH (  17 Home 5 Residence C. INJURY AT WORK?  1 YES 2 NO	in Part I.  Check only or  6  Other  28d. DEC	24a. WAS AMPERFO	N AUTOPSY RMED? 2 NO INJURY OCC	24b. WIAM AM COCO OF 1	Onset and
D BY PHYSICIAN: MEDICAL	disease or condition resulting in death)  Sequentially list condition and it any, leading to immicause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA:  PART II. Other algniffic  25. WAS CASE REFERRED EXAMINER?  1	itions, ediate // in general conditions // itions, ediate // in general conditions // iting it conditions // iting	b. DUE TO c. DUE TO d	O (OR AS A COND O (OR AS A COND O death but not o death but no	ISEQUENCE OF) ISEQUENCE OF) ISEQUENCE OF) Ot resulting in  2 3 DOA 2 20b. Time INJU t home, farm, st	OTHER: OTHER: OF 28 RY M reet, factory	riying cause given  28. PLACE OF DEATH (  17 Home 5 Residence C. INJURY AT WORK?  1 YES 2 NO	in Part I.  Check only or  6 Othe  28d. DE:  28f. LOC  City  ue to the car  the time, date	24a. WAS AN PERFO 1 YES:  If (Specify)  SCRIBE HOW  ATION (Street or Town, State  use(a) and ma	N AUTOPSY RIMED? 2 NO SNJURY OCC and Number of	24b. Will All CC OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Onset and  Onset and  ERE AUTOPSY FR  ALLABLE PRIOR 1  MPLETION OF C.  PEATH?  YES 2 N
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition and the sequence of the sequence	Itions, ediate ving lury ST ST Sant conditions of the condition of the con	b. DUE TO c. DUE TO d	O (OR AS A CON O (OR	ISEQUENCE OF) IS	OTHER:  OTHER:  OF 28  M  reel, factory  I at the time, in my opin	rlying cause given  26. PLACE OF DEATH (  ) Home 5 Residence.  INJURY AT WORK?  VES 2 NO  office  , data and place, and coion, death occured at to the second occured at the second occured at the second occured at the second occured at the second occured at the second occured at the second occured at the second occured at the second occured at the second occured at the second occured at the second occured at the second occured at the second occured at the second occured at the second occured at the second occured at the second occured at the second occured at the second occurrence occurre	in Part I.  Check only or  6  Other  28d, DE:  28f, LOC City  Loc to the car  the time, date	24a. WRS AN PERIFO 1 VES:  or (Specify)  SCRIBE HOW  CATION (Street or Town, State  use(a) and ma	N AUTOPSY RIMED? 2 NO SNJURY OCC and Number of	24b. Will All CC OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Onset and  Onset and  Property Fig. 19 Control of Contr
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition and the sequentially list condition are sequentially list conditions. Sequentially list conditions are sequentially list conditions. Sequentia	itions, ediate ving land land land land land land land land	b. DUE TO c. DUE TO d	O (OR AS A CON O (OR	ISEQUENCE OF) IS	OTHER:  OTHER:  OF 28  M  reel, factory  I at the time, in my opin	riying cause given  26. PLACE OF DEATH (  ) Home 5 Residence.  INJURY AT  WORK?  1 YES 2 NO  office  , data and place, and office, death occurred at the second office.	in Part I.  Check only or  6  Other  28d, DE:  28f, LOC City  Loc to the car  the time, date	24a. WRS AN PERIFO 1 VES:  or (Specify)  SCRIBE HOW  CATION (Street or Town, State  use(a) and ma	N AUTOPSY RIMED? 2 NO SNJURY OCC and Number of	24b. Will All CC OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Onset and  Onset and  Property Fig. 19 Control of Contr

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

40UNKINS

The law requires that the death certificate be executed within DE VITAL RECORDS, P.O. BOX 13146,

item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once, TO THE HOSPITAL OR ATTENDAY
TO THE FUNERAL DIRECTOR A
Do find within 72 hours after do
IMPORTANT. If item 28 is man DIVISION

JUN 04 1991

102 REGISTRAR'S SIGNATURE

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT		TAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)  Robert W. Arbogast	2. D/	ATE OF DEATH DAY	ďί	Я	ME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  1 PM 2 F  6. AGE (In yrs. last birthday)  F UNDER 1 YEAR F UNDER 1 YEAR HOURS  WONTHS DAYS HOURS	MIN. (M	TE OF BIRTH Conth, Day, Year) -11-20	We	st V	E (State or Foreign irginia
TOR	90. FACILITY NAME (If not institution, give street end number)  90. FACILITY NAME (If not institution, give street end number)  91. CITY, TOWN OR LOCATION  REVERYING CENTRE  F.SSEX 212		9	e county o		County
DIRECTOR	Maryland Baltimore County Essex		1.			INSIDE CITY LIMITS? YES 2 NO
FUNERAL	106. STREET AND NUMBER	221			U.S.	Α.
ВУ	11. MARITAL STATUS  1 □ Never Merried 2 ☑ Merried  3 □ Widowed 4 □ Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 □ NO  If yes, specify Cube 1 □ YES 2 ☒ NO	n, Maxicen, Pue			Black, Whi Specify:	mericen Indian, He, etc. Thite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elemantary/Secondary (0-12)  11  12  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of workin life. Do NOT use refired.)  Laborer  Laborer	ng	166. KIND OF BUSINE	ss/INDUSTF	Υ	
BE COM			st, Middle, Melden Sun We11	name)	T	
TO E	196. INFORMANT'S NAME (Type/Print)  Robert Arbogast Jr.  19b. MAILING ADDRESS (Street and Number 11 Ebbing Court Ba	altimor	e Marvlan	d 212	13	
	20a. METHOD OF DISPOSITION 1	ar dells		imore	COU	inty, Md
	Bruzdzinski 1407 Old H	ki Fune	ral Home		Md	21221
	23. PART I Enter the diseases, or complication that caused the daeth. Do not enter the mode of dyl shock, or heart failure. List pniy pne cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  DUE TO (OR AS A CONSEQUENCE OF):		erdisc or respirate	ory arrest,		Approximats interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):					
EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause of classical conditions contributing to death but not resulting in the underlying cause of classical conditions contributing to death but not resulting in the underlying cause of classical conditions contributing to death but not resulting in the underlying cause of classical conditions contributing to death but not resulting in the underlying cause of classical conditions contributing to death but not resulting in the underlying cause of classical conditions contributing to death but not resulting in the underlying cause of classical conditions contributing to death but not resulting in the underlying cause of classical conditions contributing to death but not resulting in the underlying cause of classical conditions contributing to death but not resulting in the underlying cause of classical conditions contributing to death but not resulting in the underlying cause of classical conditions contributed to conditions can be conditioned to conditions can be conditioned to conditions can be conditioned to conditions can be conditioned to conditions can be conditioned to conditions can be conditioned to conditions can be conditioned to conditions can be conditioned to conditions can be conditioned to conditions can be conditioned to conditioned to conditions can be conditioned to conditions can be conditioned to	given in Part i	24s. WAS AN AU PERFORME	D?	OF I	LABLE PRIOR TO PRETION OF CAUSE DEATH?  YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1					
BY PHYSICIAN: M	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  1 Yes 2 Accident Investigation	28d.	DESCRIBE HOW INJU	IRY OCCURE	D	
0	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify)		LOCATION (Street end City or Town, State)	Number or R	ural Route	Number,
COMPLETE	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occur				use(s) and	I manner ee stated.
TO BE (	Chickagel Ramarkoud	ENSE NUMBER	2	DATE SIG	NED (Mor	ith, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Pichael Schwart OCD (200 H 2000)	5/0	e Ro	da 77	0.7	1275

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CERTIFIC	ALE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)  2 1107 A CTEPHEN	M. AL	STON SR	2. DATE OF DEATH MONTH DAY	YEAR 27 20
4. SOCIAL DECURITY NUMBER 5. SEX 6.		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
0-7-3 7000 1	0 5		03-10-06	
ONIVERSITY LlospiTA2		BALTI MOR	E CITUS SC. COUN	ITY OF DEATH
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c. CITY, 3	OWN OR LOCATION	- O	10d. INSIDE CITY
100. STREET AND NUMBER	6	Allimor 4		1 TES 2 NO
1629 N. SMAllaso	od St	2/2/	6	EN OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben Mexic 1 — YES 2 MO Speci		14. RACE — American Indian, Black, White, etc. Speetly:
15. OECEOENT'S EQUICATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	18s. OECEDENT'S US (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most of working tired.)	16b. KINO OF BUSINESS/IND	USTRY
17. EATHER'S NAME (First, Middle, Last)	1 -	18. MOTHER'S N	AME (First, Middle, Maiden Surname)	
190. INFORMANT'S NAMS (Type/Print)	Tow	Le1		
mrs. Alice Alston	) 1629	MI SMALL	Route Number, City or Town, State, Zip	2 ml 2/2/1
20a. METHOD OF DISPOSITION  1 Defined 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	20b. PLACE AND DATE Of of cemetary, crematory or		DATE 20c. LOCATION -	City or Town, State
27. SIGNATURE OF FUNERAL SERVICE LICENSEE	Loude	222 NAME AND ADDRESS OF F	ACIUM	101 1100
Joseph L. Ru	111	Joseph A	RUSS FUNE	My man
Samuella like like and distance . MIDE	RAS A CONSEQUENCE OF:  RAS A CONSEQUENCE OF:	Failure FREBROVASCU	LAR ACLIO	ENT 2 week
rr any, leading to immediate cause. Enter UNDERLYING	R AS A CONSEQUENCE OF):			
PART II. Other aignificant conditions contributing to de	eath but not resulting in	the underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATH (C	theck only one)	
EXAMINER?  1   YES 2   YO   1   Minpatient 2   E		THER:	dille - sawe -	
27. MANNER OF DEATH 28s. DATE OF IN	JURY 28b. TIME (	OF 28c. INJURY AT	26d. DESCRIBE HOW INJURY OC	CURED
1 Natural 5 Pending (Month, Day,		M 1 YES 2 NO		
3 Suicide 6 Could not be determined 25e. PLACE OF 8 building, etc	INJURY — At home, farm, atre c. (Specify)	et, factory, offica	261. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of exam				
29b. SIONATURE AND TITLE OF CERTIFIER  Exif  MD	(ROSKES,		JMBER 29d. DAT	E SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE UNIVERSITY HOSPIT.	OF DEATH (ITEM 27) (Type, PI	S GREENIA	EST. BALTO	D. MD 21201
31. DATE FILED (Month, Day, Year) 32. REGISTRAR	S SIGNATURE	2 VL	3	,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND F DEATH	MENTAL HYGIEN		14938		
	1. DECEDENT'S NAME (First, Middle, Last)	Delorer	BROL	N		2. DATE OF DEATH	1997	3. TIME OF DEATH		
	201 / 10 10	5. SEX 8. AGE (I	yrs. last birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 3-27-4	4	IRTHPLACE (State or Foreign ountry)  Va		
OR	98. FACILITY NAME (If not institution, give street 52 4 Shirley	Manor.	ers town	LOCATION OF DEATH  3 TOWN						
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	eiste	CATION		10d. INSIDE CITY 'IMITS? 1 YES 2 N			
FUNERAL (	10a. STREET AND NUMBER  5 24 Shirter	Hann	RJ	21370	101. ZIP CODE 2/136		109. CITIZEN OF WHAT COUNTRY?			
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HISP	ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	s or No 14. 5	RACE — American Indian, Black, White, etc.		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Cotlege (1-4 or 5+)  17. FATNER'S NAME (First, Middle, Last)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Direct Cure Worker  18. MOTHER'S NAME (First, Middle, Melden Surname)								State		
TO BE	Hamlet Brown	Sr	196. MAILING 524	Shini	et and Number or Rura	A Route Number, City, or Tow	0 ,	estown, Md		
	20e METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	al from State	other place)	SITION (Name of	corhotory, cromotory or EM Pour	the Ra	cation—city	Stown, stata		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Marc	1	La Hame	AND ADDRESS OF F	HUBT,	Spie			
	23. PART I. Enter the diseases, or conshock, or heert fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	orters	chiline.	Codio	was af		eliratory arrest,	Approximata interval Batween Onset and Daath		
MOIT	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d.	DUE TO (OR AS A	CONSEQUENCE	DF):						
MEDICAL C	PART II. Other aignificent conditions	contributing to death b	ut not reaulting	in the under	ying cause given i	n Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				, PLACE OF DEATH (	Check only one)				
IYSIC		HOSPITAL:  1   Inpetient 2   ER/Outp			Home 5 Residence	8 Other (Specify)	IN HIRW COCI IN			
	1 Natural 5 Pending	Natural 5 Pending (Month, Day, Year)				28d. DESCRIBE NOW	INJUNY OCCOME			
3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28b. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State								lural Route Number,		
COMPLET	onel	AN: To the best of my know						use(e) end manner as stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIER	A	10 0-		29c. LICENSE N	UMBER	29d. DATE SK	ONEO (Month, Day, Year)		
TO B	30. NAME AND DORESS OF PERSON WO	COMPLETED CHISE OF DE	ATH OTHER 22 CO	ANIH	001	083	1416	2 3/199/		
	(2)	h. n.		64	NO 011	. )				

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the funeral director, page 5 should be detached oval.

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CIAN: DOTTON 18	ortificate for been	he Star Dept. of	or Item 23 st.p
SICIAN: DECIAN TO	certificate for bet	h the State Dent, of the	d, or Item 23 sto
PHYSICIAN: DOTTON 13	this certificate has been	with the State Dept. of	ked, or Item 23 sto
G PHYSICIAN: DOTTOM 18	er this certificate has been	ith with the State Dept. of	narked, or Item 23 stor
NING PHYSICIAN: DATION TO	After this certificate has been	death with the Stare Dept. of +	marked, or Item 23 st pr
NDING PHYSICIAN: DATION TO	R: After this certificate has been	er death with the State Dept. of H	Is marked, or Item 23 st pr
TTENDING PHYSICIAN: DECIAN TO	TOR: After this certificate has been	after death with the Stare Dept. of +	28 Is marked, or Item 23 st pr
ATTENDING PHYSICIAN: DOTAN TO	ECTOR: After this certificate has been	rs after death with the State Dept. of H	n 28 Is marked, or Item 23 stor
OR ATTENDING PHYSICIAN: DATTEN TO	DIRECTOR: After this certificate has been	nours after death with the State Dept. of H	tem 28 Is marked, or Item 23 st.pr
AL OR ATTENDING PHYSICIAN: DETAM IS	AL DIRECTOR: After this certificate has been	2 hours after death with the State Dept. of H	if Item 28 is marked, or Item 23 st pr
PITAL OR ATTENDING PHYSICIAN: DECLAN IS	FRAL DIRECTOR; After this certificate has been	n 72 hours after death with the State Dept. of H	T: If Item 28 Is marked, or Item 23 stor
OSPITAL OR ATTENDING PHYSICIAN: DOLLAW IS	JNERAL DIRECTOR: After this certificate has been	thin 72 hours after death with the State Dept. of	NNT: If Item 28 is marked, or Item 23 stor
HOSPITAL OR ATTENDING PHYSICIAN: DOLLAW TO	FUNERAL DIRECTOR; After this certificate has been	within 72 hours after death with the State Dept. of	TTANT: If Item 28 Is marked, or Item 23 stor
HE HOSPITAL OR ATTENDING PHYSICIAN: TOTAL IS	THE FUNERAL DIRECTOR; After this certificate has been	iled within 72 hours after death with the State Dept. of	ORTANT: If Item 28 Is marked, or Item 23 st.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; TO THE THE THE DEATH CERTIFICATE DE EXECUTED WIthin 24 hours at	TO THE FUNERAL DIRECTOR: After this certificate has been mand by the attending physician and completely filled in by	filed within 72 hours after death with the State Dept. of	IMPORTANT: If Item 28 is marked, or Item 23 stores my Injury, or other traumatic event, the medic

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Helen T. Boland 5 91 :20am 7. OATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 ☐ M 2 😿 F 218-28-1128 A 90 Oct. 20, 1900 Ireland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore Dulaney Towson Nursing Home Towson RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 YES 27 NO Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1906 Glen Keith Blvd. 21234 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 ANO Specify: FORCES? 1 YES 2 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 18s. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KING OF BUSINESS/INDUSTRY (Specify only highest grade comp Flementery/Secondary (0-12) College (1-4 or 5+) Hospital COMPL Seamstress 6 years 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Martin Howley Bridget Donohoe BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Kathleen Abbott 1906 Glen Keith Blvd. Balto., MD 20s. METHOD OF DISPOSITION
1\( \superset \) Pourial 2 \quad \text{Cremation 3 } \quad \text{Ramoval from Stata} \\
4 \quad \text{Donation' 5} \quad \text{Other (Specify)} \quad 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION — City or Town, Stata New Cathedral Cemetery Baltimore, MD 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Johnson Funeral Home lalan 101 Balto., MD 21204 8521 Loch Raven Blvd 23. PART/. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disesse or condition Renal failure resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Diffuse atherroscenotic PHYSICIAN: MEDICAL CERTIFICATION Sequantielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24h. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) FYAMINER? HOSPITAL: QTHER:
4 Nursing Home 6 Rasidenca 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, ferm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and memor as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Bruner D40208 9

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

reiner

19**h**1

31. DATE FILEO (Month, Day, Year)

600

32. REGISTRAR'S SIGNATURE

w.

Lulia Sevidson-Randell

Northern Pkwau

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

HEGISTHAH		CEF	THE	AIL OI	DEAL	(1	HEG. N	<u>u.</u>			
1. OECEOENT'S NAME (First, Middle, JOSEPH L.							2. DATE OF DEATH MONTH May 25,1	991	YEAR	3. TIME OF DEATH  8.00 a M	
4. SOCIAL SECURITY NUMBER 209-14-764	5. SEX	65	65 MONTHS DAVE MONTHS SHIPL (Month)				7. DATE OF BIRTH (Month, Day, Year) May 21,1	926	26 Pennsylvania		
9a. FACILITY NAME (If not institution, 9213 Crownwood				9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUN				HOW	Howard		
RESIDENCE OF DECEDEN											
Maryland 106. Co	E11	icott	City				10d. INSIDE CITY LIMITS? 1 YES 2 XNO				
100. STREET AND NUMBER 9213 Crownwood	Pond			10	or. ZIP CODI	)43		1	U.S.	VHAT COUNTRY?	
11. MARITAL STATUS		IT EVER IN U.S. ARME	0	12 WAS DE			NIC ORIGIN? (Specify )			- American Indian,	
1 Never Merried 2 Merried 3 Wildowed 4 Olvorced	FORCES?	YES 2 NO	w11	If yes, s		n, Mexica	n, Puerto Rican, etc.)	ee or No-	Speci	c, White, etc.	
15. OECEDENT'S (Specify only highest	grade completed)	(Give	kind of work	UAL OCCUPAT done during m	ost of working	g	16b. KIND OF B	THE PERSON			
Elementary/Secondery (0-12)	College (1-4 or 5	' Sys	stem	Analys	st			Data	Proc	essing	
17. FATHER'S NAME (First, Middle, Las					1		ME (First, Middle, Meide th Stahl	en Surname)			
Francis Burn 190. INFORMANT'S NAME (Type/Print)	JACQUELLINE EL	IR15 GAL 196, 1	AAILING AD	DRESS (Street				byn, Stete.,Z	(in <sub>e</sub> Code) <sub>e</sub>	0/2	
Joseph K Burns		92	13 Cr	ownwoo	od Roa	ad E	illicott C	ity M	ld 21	043	
20e. METHOD OF DISPOSITION  XX Buriel 2 Cremetion 3 C  4 Donation 5 Other (Specify)	)						ocation — City or Town, State ackville Pennsylvani				
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	1		Harry	H W	itzk	e Funeral umbia Pik	Home	Inc	. City Md.	
Sequentisity list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. AS C	O (OR AS A CONSEQUED) O (OR AS A CONSEQUED) O (OR AS A CONSEQUED)	ENCE OF):	n.t	zunt	en de la constant de	la aux	G fa	the contract of the contract o	5 gn	
PART II. Other significent con	ditions contributing to		outting in the	the underlyi	ng ceuse	given in	PERF	AN AUTOPS'ORMED?	Y 241	a. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER?					PLACE OF D	EATH (C	heck only one)	· · ·			
1 TYES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐		THER:	me 5 KR	esidence	6 Other (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investig		F INJURY Day, Year)	28b. TIME C	Y V	NJURY AT YORK? YES 2 [	□ NO	28d. OESCRIBE HO	O YRIJUNI W	CCURED		
3 Suicide 6 Could r 4 Homicide determi	ot be building	OF INJURY — At home , etc. (Specify)	e, ferm, stre	et, fectory, of	lice		281. LOCATION (Stre City or Town, Str	et and Numb	per or Rural	Route Number,	
CORRECT OFFIN	PHYSICIAN: To the best of									(e) end manner as stated.	
29b. SIGNATURE AND TITLE OF CE	Valentet:	un			29c. LIC	ENSE NU	IMBER 356	29d. D/	ATE SIGNE	9 (Month, 9ay, Year)	
30. NAME AND ADDRESS OF PERSON	TIELD M	USE OF DEATH (ITEM	27) (Type, Pr	1/	spifa	f	900 Carlo	n de	e B	het 21229	
31. DATE FILER (MORTH, Day, Year)	32. BEGISTE	Davidson Par	della								



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DHMH-15 Rev 1/89

	1 - STATE REGISTRAR	STATE OF N			ICATE		ALTH AND	MENTAL	REG. NO			-/ 5
í	DECEDENT'S NAME (First, Middle, Last)	I	LOUISE	C. BE	LKNAP			2. DATE O MONTH MAY		991	EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.				IF UNDER 24 HRS.	7. DATE O (Month,	Day, Year)		BIRTHPLA Country)	E (State or Foreign
	212-74-7814  9a. FACILITY NAME (If not institution, give		10	03 YRS.	9b. CITY, T	OWN OR	LOCATION OF D		23,1	9c, COUNT	Y OF DEATH	D.C.
105 BEECHDALE ROAD BALTIMORE, CITY												
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	· · · · · · · · · · · · · · · · · · ·		100 00	TY. TOWN OR						100	I. INSIDE CITY
DIRE	MD.	•		100.01			 RE,CITY	,				LIMITS?
- 1	10g. STREET AND NUMBER 10g. CITIZEN OF WH											
FUNERAL	105 BEECHDALE RO						21	210		J	J.S.A	•
BY FU	11, MARITAL STATUS  t Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	H y	YES 2	IDENT OF HISPA Ify Cuban, Maxico NO Special	an, Puarto Ri	(Specify Yes	n or No— 14	Specific	American Indian, hita, atc. VHITE
	15. DECEDENT'S EDG (Specify only highest grad		16a.	(Give kind of	S USUAL OCC			16b.	KIND OF BU	SINESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 -	+)	iffe. Do NOT	W. St.				OLINI	HOME		
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		_	HOUSE	TAATE E	1	18. MOTHER'S NA	AME (First, M				
u I	CHARLES CLEAVES	COLE					ELIZABE	ETH SE	TTLE			
	19a. INFORMANT'S NAME (Type/Print)						Number or Rural					
-1	ELIZABETH B. GRI	EEN				-	ROAD. I					
	20a. METHOD OF DISPOSITION    Burial 2   Cremation 3   Ref 4   Donation 8   Other (Specify)	moval from Stata	of ceme	tary cremator	TE OF DISPOS by or other place GE CEN	cel .		6/4/		CATION — CH		. 21208
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	- IDNOI	.D KID			ADDRESS OF F	ACILITY	_			
	HENRY W. JENKINS AND SONS. BALTIMORE, MI											
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in deeth) LAST	b. and Due to	(OR AS A COM	esequence (	0F)1	is						gsan
: MEDICAL	PART II. Other eignificant condition	ons contributing to	death-but n	Dt resulting		lerlying /		77	24a. WAS AF PERFO 1 YES	RMED?	CO OF	ERE AUTOPSY FIND ALLABLE PRIOR TO MPLETION OF CAU DEATH?  YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					CE OF DEATH (C	heck only one	)			
\Si	1 TES 2 THO	1 Inpatient 2			4 Nursi	ng Home	-	6 🗆 Other				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		Day, Year)	- 1	M		RY AT K? S 2 NO			INJURY OCCL		
ETED	3 Suicide 5 Could not be detarmined	building,	OF INJURY — A , etc. (Specify)	t nome, term	, atreet, factor	гу, отнеа			or Town, State	and Number o	r Hurai Hout	e Number,
COMPL	one) 2 MEDICAL EXAMIN	SICIAN: To the best of a				inion, der	ath occured at th	e time, date		nd dua to the	cause(s) ar	
TO BE	298. SIGNATURE AND THE OF CERTIFICATION	Tuff	ISE OF DEATH	(ITEM 27) of the	MA)		DI-4	5 D	3	≥ C	SIGNED (M	onth, Day, Year)
		TLESEY		600 W		RTHE	ERN PKW	Y. I	BALTI	MORE, M	D. 21	210
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DIVISION	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2<u>1</u> 2. DATE OF DEATH 3. TIME OF DEATH 91 6:04m 05 Willie Brown 7. DATE OF BIRTH (Month, Day, Year) 9/15/38 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) Virginia MONTHS DAY8 HOURS 52 0308 1 MM 2 F YRS 38 113 9e. FACILITY NAME (If not institution, give street end number) BC. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Baltimore Greater Baltimore Medical Center Towson RESIDENCE OF DECEDENT 10b. COUNTY 10a STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 | NO LAST KNOWN na 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE USA 416 E. Lafayette St 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried Specify: Black 1 YES 2 NO Specify BY 3 Widowed 4 Divorced COMPLETED 10e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last, 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20e, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION -- City or Town, State 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) in state SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY State Anatomby Board Ronald Wade, Dir Þ all 5/29/91 655 W. Baltimore St, Balto, MD 21201 23-PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final diseese or condition . Cardiac arrest, respiratory arrest resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Ischemic bowel CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leeding to immediate ceuse, Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 XNO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) FXAMINER? HOSPITAL: 1 TYES 2 NO OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence € ☐ Other (Specify) 27, MANNER OF DEATH 200, DATE OF INJURY 2ed, DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 26c. INJURY AT WORK? 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 261, LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exami for, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end manner as stated 29d. DATE SIGNED (Month Day, Year) 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 4

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32. REGISTRAR'S SIGNATURE ina Daydson

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to bunlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC			ENTAL HYGIENI REG. NO.			
1. DECEDENT'S NAME (First, Middle, CHARLES	Lest) EDWARD	BRIC	E, SR		2. DATE OF DEATH DA	y 91 (	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	6-27-20	8. BIRT	THPLACE (State or Foreign	
233-14-3180	1⊠M2□F 70		HTHS DAYS	HOURS MIN,	3-27-20	WES.	VIRIGINIA	
9a. FACILITY NAME (If not institution,	give street and number)	98	L CITY, TOWN	OR LOCATION OF DEAT	гн	9c. COUNTY OF	DEATH	
NORTH ARUNDEL H		ATION	GLEN B	URNIE		A.A.	COUNTY	
10a. STATE 10b. CC	OUNTY	10c. CITY, T	OWN OR LOCA	TION			10d. INSIDE CITY	
	NE ARUNDEL	GLEN	BUR	NIE			1 TES 2 NO	
10e. STREET AND NUMBER				. ZIP CODE			WHAT COUNTRY?	
6510 J. South				21061		USA		
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D W. W. II	2 NO	If yes, sp	DENDENT OF HISPANIC Cuban, Mexican, S 2 NO Specify:	ORIGIN? (Specify Yea Puerto Rican, etc.)	Bla	CE — American Indian, ck, White, atc. ICHY: HITE	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	UAL OCCUPATE done during me stired.)	ON ost of working	16b. KIND OF BUS	INESS/INDUSTRY		
10	None	Drive	r		Truc	cking		
17. FATHER'S NAME (First, Middle, Las				Control of the second	E (First, Middle, Maiden			
GEORGE M. BRIG				MARY PERI	KINS			
190. INFORMANT'S NAME (Type/Print) HELEN M. BRICE				and Number or Rural Ro	ute Number, City or Town	n, State, Zip Code)		
	1 20	SAME A		I (Mana	OATE 20c. LO	CATION — City or		
20a. METHOD OF DISPOSITION 1 & Burial 2 Cremation 3  4 Donation 5 Other (Specify)		cemetary, crematory or MARYLAND V	other place)			WNSVILL		
21. SIGNATURE OF FUNERAL SERVI		TARILAND V	22 NAME A	NO ADDRESS OF FACI	ITY	WNOVILL	L, ND	
> LIXW	the			LETON FUN			, MD 21061	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significant con-	ditions contributing to deeth to bresco		the underlyin		art I. 24a. WAS AN PERFOR	MED?	No. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Chec	k only one)			
1 TYES 2 THO	1 Inpetient 2 ER/Out	patient 3 DOA 4	☐ Nursing Hor	ne 5 🗆 Residence 8				
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigs 3 Suicide 8 Could be	28a. PLACE OF INJURY	28b. TIME C INJUR Y — Al home, farm, stre	Y W 1 □	YES 2 NO	28d. DESCRIBE HOW I		of Route Number	
4 Homicide 8 Could no determine	building, etc. (Spe	ecify)			City or Town, State)			
	PHYSICIAN: To the best of my know AMINER: On the bests of examination						r(s) and manner agretated.	
29b. MONATURE OF DIFFE OF CER	meflet.	?		D 3 6 2	256	≥ 6	Spream contras	
JORGE M. RAMIRE	EZ. M. 2./7845 C	DAKWOOD ROA		5/GLEN BUE	RNIE, MARY	LAND 21	061	
31. DATE FILED (Month, Day, Year)	22. REMISTINAN'S SING	ACCUPATION AND ADDRESS OF THE PARTY OF THE P						

ment permit. Pages 1, 2, 3 should

DO, BALLIMORE, MARTLANI	within 24 hours after death. Page 6 may be retained by the host	ppletely filled in by the funeral director, page 5 should be detache cremation, or removal.	rent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 86/60,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiens prior to burtal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			NTAL HYGIEN		14944
ij,	1. DECEDENT'S NAME (First, Middle, Last)		3,27,111		2.	DATE OF DEATH		3. TIME OF DEATH
ı	IDA E	LIZABETH	BRAN	TOT	06	-	AY YE/ Q1	10.55 AM M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	- 18. B	INTHPLACE (State or Foreign
	214-01-3816	1 🗆 M 2 💢 F	84 YRS.	THS DATS				EST VIRGINIA
_	9a. FACILITY NAME (If not institution, give	street and number)	96	CITY, TOWN OF	LOCATION OF DEATH	f	9c. COUNTY	OF DEATH
DIRECTOR	NORTH ARUNDEL HOS	SPITAL ASSOC	TATION	GLEN BI	IRNIE		L A.A	COUNTY
EC	10e. STATE 10b. COUNT	гу	10c. CITY, TO	OWN OR LOCATION	ON			10d. INSIDE CITY
# I	MARYLAND ANNE	ARUNDEL	SEVER	V				LIMITS? 1 YES 2 T NO
₹	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	815 HUBBARD LANE				21144		U.S.A	1.
<b>5</b>	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y			NDENT OF HISPANIC of Cuban, Mexican, P			RACE American Indian, Black, White, atc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF			2 NO Specify:	,		Specify:
	15. DECEDENT'S ED	UCATION	16a, DECEDENT'S USU	IAL OCCUPATION	N	16b. KIND OF BU	SINESS/INDUST	WHITE
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use re	done during mos				
릴	12	NONE	HOMEMAI	CER		OWN H	OME	
Š	17. FATHER'S NAME (First, Middle, Last)		1-1-1		16. MOTHER'S NAME			
BE	JOHN COCKERI	LL_			ALICE PR	ITCHARD		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	DRESS (Street an	d Number or Rural Rout	te Number, City or Tox	m, State, Zip Cod	(0)
-	DOLORES BAUMANN		SAME AS					
	20e. METHOD OF DISPOSITION  1 D Buriel 2 Cremation 3 Rer	moval from State	20b. PLACE AND DATE OF of cemetary, crematory or of	ther place)	1		CATION — City	
	4 Donation 6 Other (Specify)		<u>MEADÓWRIDGE</u>		AL PARK C		RIDGE,	MD
	> I mie !	Such	et		TON FUNER			
-	100	,	-0					MD 21061
	23. PART   Enter the diseases, or abook, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of			ovaseule			interval Retween
İ	resulting in death)	DUE TO OR	S A CONSEQUENCE OF):	2- 1		/ X		A
Z	Sequentially list conditions,	aforcerdo o	elentu t	undi	evaseul	W DIE	ture c	wer
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE OF):		Are	wai		
	CAUSE (Disease or Injury thet initiated events	C. / DUE TO (OR /	S A CONSEQUENCE OF):					
臣	resulting in death) LAST	, Ther,	reus fo	BURTE	is turg	en		
- 11	DANT WOOD - I - MI - A Alu	u.	A STATE OF THE STA	//		0		
¥	PART Mother aignificent gondition Care	ma contributing to deat	h but not reaulting in t	he underlying	cause given in Pa	rt i. 24a. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC	Ceremoure	4007	Freeze			_ 1 TES	2 100	OF DEATH?
Ž						-		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Check	only one)		
	EXAMINER?	HOSPITAL:	Outpatient 3 DOA 4	THER:	5 Residence 6			
H	27. MANNER OF DEATH	28a. DATE OF INJU	RY 26b. TIME O	F 28c. INJU	JRY AT 2	8d. DESCRIBE HOW	INJURY OCCUR	ED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	nr) INJUR		ES 2 NO			
	3 Suicide 6 Could not be	26s, PLACE OF INJ	URY — At home, farm, stre-	it, factory, office	21	Bf. LOCATION (Street City or Town, State		Rural Route Number,
E	4 Homicide determined					ony or rown, orang	,	
2	290. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my k	nowledge, death occurred a	t the time, date	and place, end due to	the cause(e) and me	nner as stated.	
COMPLETED	and a	VER: On the basis of examin	ation and/or investigation, i	n my opinion, de	eath occured at the time	ne, data and place, a	nd due to the ce	use(a) and manner as stated.
	296 SIGNATURE AND TITLE OF CERTIFI	ER AM		h	29c. LICENSE NUMBE	ER C	394. DATE SK	DINED (Movin, Day, Year)
O BE	Wyma	My HO	lending &	1000V	D216	84	D 6	13/9
2	30. NAME AND ADDRESS OF PERSON W						14	, , ,
	CHACKUMKAL V. CYR		500 CRAIN H	VY, S.W	. #308/GL	EN BURNT	E. MARY	LAND 21061
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S						
	JUN 4 1991	July Saidrer	HONDUSE.					OHMH-16 Rev t/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	- OR	PIO	
	PITAL	PAL 2	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend on the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as my the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	

	FOR STATE REGISTRAR	STATE OF MARYLAND C			OF HEALT		MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	V YE	3. TIME OF DEATH
	KATHERINE		]	BROAD	Y		05 31	199	
	1. C) ( )(1_1/40h)	SEX 6. AGE (In yrs. le		IF UNDER 1	YEAR IF UN	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	00	SHTHPLACE (State or Foreign Country)
	0 100 1011	1 3 2 E	YRS.				5-11-0	14 14	reensborg NC
~	9a. FACILITY NAME (If not institution, give street			9b. CITY,	TOWN OR LOC	ATION OF D	EATH	9c. COUNTY	OF DEATH
2	3705 LIBERTY H	EIGHTS AVENUE			BALTI	MORE	CITY	_	1+7
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	LOCATION				10d. INSIDE CITY
듬	MD CT	44	E	Bal	wit.	2701			1 YES 2 NO
A	10e. STREET AND NUMBER	11 2 1 1 1			101. ZIP C	ODE		10g. CITIZEN	OF WHAT COUNTRY?
E E	3705 Liberty	Heights A	ソヤ		2	215		NZ	A
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2					NIC ORIGIN? (Specify Yean, Puerto Rican, atc.)	or No 14.	RACE — American Indian, Black, White, etc.
7	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1		☐ YES 2				Specify: BLack
8	15. DECEDENT'S EDUCAT		ECEDENT'S			`	16b. KIND OF BU	SINESS/INDUST	
H.	(Specify only highest grade cor	mpleted) Coffege (1-4 or 5+)	(Give kind of le. Do NOT u	work done d se retired.)	uring most of wo	orking			
4 P		V B	roa	glear	+ An	nouho	or Kad	Oú	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. M	OTHER'S NA	AME (First, Middle, Meiden	Surname)	
BE at	Charence Moly	nah				tar	MY HO	-mar	)
10	19a. INFORMANT'S NAME (Type/Print)	0 101	2 C	ADDRESS	(Street and Nun	nber or Rural	Route Number, City or Tox	m, State, Zip Cod	501 100
9		20/0/	200	25	Iper	17 H	512H12 0		OKILIAKI
tsn	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Remove	I from State of cemetar	ry, cremator	y or other pl	SITION (Name		L (9) Co	CATION — City	or Town, Stata
5	4 Donation 5 Other (Specify)		sh 2	15 YEAR (	IAME AND ADE	DRESS OF FA	WILLTY LL 18 1	1.10 5.5	A) 2/2
examiner must be notified at once.  TO BE COM	100	)		a		tur	reval Ser	-ices	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate								
event, the medical	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONS	M	hal	lat	2	11		Interval Between Onset and Death
ry, or other traumatic event, CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.								
AL C	PART II. Other algnificent conditions	contributing to death but not	t reaulting	In the un-	derlying caus	se given in	Part I. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS
MEDIC	PULMONARY EMPHYSI	EMA					PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 DYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	IOSPITAL:				F DEATH (C	heck only one)		
YS.		☐ Inpatient 2 ☐ ER/Outpatient	3 DOA	4 Num		r Residence	8 D Other (Specify)		
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	WE OF	28c. INJURY A WORK?		28d. DESCRIBE HOW		
mark BY	1 Netural 5 Pending 2 Accident Investigation			М		2 XXNO			FIRE-ARSON
28 is TED	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY — At home, farm, street, factory, office						RTY HE	Rural Route Number,  IGHTS AVENUE
IMPORTANT: If item 2 O BE COMPLET	deal const	AN: To the best of my knowledge, On the basis of axamination and/o							ause(a) and menner as stated.
PORTA BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c.	LICENSE NU			IGNED (Month, Day, Yber)
TO B		W -				0.C.1	M.E.	0.5	5-31-1991
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT			NN STRI	EET BA	ALTIMORE,M	ARYLANI	21201
	31. DATE FILED (Month, Day, Ybar)  JUN 4 1991	32. REGISTRAR'S SIGNATURE	Randa	02					

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THE	PO
23	IMPORTANT: If Item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical examiner mur
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

31. DATE FILED (Morth, Day, Year)

JUN 4 1991

32. GEGISTRAR'S SIGNATURE
Julia Davidson-Randalle

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	TMENT OF HEALTH AND MENTA		14946						
1. DECEMENT'S HAME Trist, Middle, Last	M. BALL	MON	of DEATH THE STATE OF THE STATE	3. TIME OF DEATH 3.5 A						
4. SOCIAL SECURITY NUMBER  219 -22-6000  9a-PACILITY NAME (If pot Institution, give	CI M 2 GF 80 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATI MONTHS DAYS HOURS MIN. 7. (Mov.) 9b. CITY, TOWN OR LOCATION OF DEATH	e of BIRTH	BIRTHPLACE (State or Foreign Country)						
BON SECOU	RS HOSPITAL	BALTIMORE	, , , , , , , , , , , , , , , , , , , ,							
		ALT IMURE	I so CITIZE	10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?						
100. STREET AND NUMBER  4308 5 PRIN  11. MARITAL STATUS	IG DALE AVE.	2/20 7		I. RACE — American Indian,						
1 Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO	If yes, specify Cuben, Maxican, Puerto 1 YES 2 NO Specify:		Black, White, etc.  Specify: Black						
(Specify only highest gra	UCATION de completed)  Coflege (1-4 or 5+)  Do IM	rork done during most of working e retired.)	b. KIND OF BUSINESS/INDUS	STRY						
17. FATHER'S NAME (First, Middle, Last)	I DO WI	16. MOTHER'S NAME (First	Middle, Malden Surname)							
19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural Route Nu	mber, City or Town, State, Zip C	ode)						
20s. METHOD OF DISPOSITION  1	moval from State other place)  West	14	Baltime							
21. SIGNATURE OF FUNETAL SERVICE	CARCO	22. NAME AND ADDRESS OF FACILITY  Cambines FHATE	ral Sen	08 whorth Balth mel.						
23. PART I. Enter the diseases, o shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	r complications that caused the deeth. Do not be the cause on each line.  a. ACUTE REGISTER			t, Approximate interval Between Onset and De						
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
DAST II Other significant condition	ons contributing to death but not resulting it	in the underlying ceuse given in Part I.	24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDIN						
PAN II. Other significant condut	Porsumont?		PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (Check only OTHER:								
1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		4 Nursing Home 5 Residence 6 Ot E OF 28c. INJURY AT WORK? M 1 YES 2 NO	ner (Specify) ESCRIBE HOW INJURY OCCU	RED						
3 Suicide 6 Could not b	28e, PLACE OF INJURY At home form a	street, factory, office 281, L6	CATION (Street and Number of ty or Town, State)	r Rural Route Number,						
29a. CERTIFIER 1 Check only	SICIAN: To the best of my knowledge, death occurre NER: On the besis of examination and/or investigation									
29b. SIGNATURE AND TITLE OF CERTIF	THE SING PHOISE OF DEATH (ITEM 27) (NO.)  THE WEST (NO.)  THE WEST (NO.)	29c. LICENSE NUMBER	29d. DATE	SIGNED (Month, Day, Year)						
30. NAME AND ADDRESS OF PERSON V	THO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, a) If was a DITI'N of	For mathe . C. Le 12	It ii wake . un	R 21229						

James La 16

	1 - STATE REGISTRAR	STATE OF M			RTMENT OF		Н	REG. N			
	1. DECEDENT'S NAME (First, Middle, Last) ELMER BUR	LMEIS	TER		*			ATE OF DEATH	क्ष व	1. TIME OF GEATH	М
	4. SOCIAL SECURITY NUMBER 213-07-1862	6. SEX 1 2 M 2 D F	8. AGE (in yrs. last 8 2	el birthday) YRS.	MONTHS DAYS	IF UNDER 24	4 HRS. 7. D	ATE OF BIRTH Month, Pay, Year)	08	BIRTHPLACE (State or Foreign Country) Md.	
FOR	96. FACILITY NAME (If not institution, give street and number)  96. CTTY OWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  97. CTTY										
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD		2	10c. CITY. TOWN OR LOCATION Baltin				imore City ve.		10d. INSIDE CITY LIMITS? 1  YES 2 NO	
FUNERAL	129 N. Kenwoo		The sales at				224		U.	S . A .	
B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 T		If yes, a		, Mexicen, Pu	n, Puerto Rican, etc.) Bio		RACE — American Indian, Black, White, etc.  Specify: Cauc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		(G life.	Give kind of e. Do NOT u	s usual occupat work done during n use retired.)  Repail	nost of working			USINESS/INDUST	TRY	
	17. FATHER'S NAME (First, Middle, Last) Berhard Burme	птр	кераті	18. MOTHE		Ship First, Middle, Melde Inhold					
TO BE	190. INFORMANT'S NAME (Type/Print)				b. MAILING AODRESS (Street and Number or Rural Route Number 409 Millford Ave. Ba			Number City or T Baltim	lumber, City or Town, State, Zip Code)		
	20e METHOD OF DISPOSITION 19 Buriel 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	olace)	POSITION (Name of comercy, cremetory or 20c. LOCATION — City or Town, State  70 Cem. 6/5 Baltimore, Md  22. NAME AND ADDRESS OF FACILITY 2818 E Baltimore			re. Md					
- 3	B. Dabrowski & Son Baltimore, Md. 21224										
	23. PART I. Enter the diseases, or complications that cause@the deeth. Do not enter the mode of dying, such as cerdiec or respiratory erreat, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (OR AS A CONSEQUENCE OF):										
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST  C. Due TO (OR AS A CONSEQUENCE OF):										
MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in						iven in Pari	PERF	AN AUTOPSY FORMED? 2 NO	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1  YES 2 PNO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DE	EATH (Check o	only one)			
	27. MANNER OF DEATN  1 Netural 5 Pending	26a. DATE OF (Month, Di	INJURY	26b. TI	4 Nursing H	NJURY AT WORK?  YES 2	284		W INJURY OCCUR	REO	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined		OF INJURY — At he etc. (Specify)	iome, ferm	n, street, factory, of			t. LOCATION (Stre City or Town, Sti		Rural Route Number,	
COMPLETED	29e. CERTIFIER 1 CERTIFYING PNYSICION (Check only one) 2 MEDICAL EXAMINER:									Couse(e) and manner ee stat	ed.
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER	amb n	nD - W	reduc	I Speud		372a		29d. DATE S	NGNEO (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	- Chi	uch Ho	on de		.Bno.	aduby	212	3	E. II.	
	31. PUN "4" 1991)	- winds	ar's signature	200			_				

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BALTIMORE, MARYLAND 21215-0020

Election of the feet of the section	of the the death certificate be executed with	the attending physician and complet	Manda Hamana and To hinds of
TO NOISING	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate II. Comments by the attending physician and completely	to shad within to house after doubt with the Chate

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	<b>MENTAL</b>	HYGIENE
	CF	ERTIFICATE	OF DEAT	ГН		DEC NO

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIR		
1. DECEDENT'S NAME (First, Middle, Last WILLIAM	1		TERFIEI	.D	2. DATE OF DEATH MONTH 3	0 91	
4. SOCIAL SECURITY NUMBER 210 01 9997  98. FACILITY NAME (If not institution, give	1 🕱 M 2 🗌 F	82 YRS.	ONTHS DAYS	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year, Nov. 18,	1908	BIRTHPLACE (State or Foreign Country) Pennsylvania
NORTH ARUNDEL HO	,	length and the	GLEN I				A. COUNTY
	10s. STATE 10b. COUNTY 10c. CITY,		TOWN OR LOCAT		sadena		10d. INSIDE CITY LIMITS? 1 YES XX NO
100. STREET AND NUMBER 312 812 North Carol	NORTH CAROLII	NA AVENUE	101	ZIP CODE	122		n of what country?
11. MARITAL STATUS  XX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA WOTLD WAT	U.S. ARMED 2 NO TES	If yes, sp	ENDENT OF HISPAN polity Cuban, Mexica 2 NO Specify	NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yes or No- 14	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S E (Specify only highest gr. Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use it	k done during mo	N st of working	16b. KIND OF	BUSINESS/INDUS	
12 17. FATHER'S NAME (First, Middle, Last)		Superv	isor	16 MOTHED'S NA	ME (First, Middle, Mak		ghouse
Harry	C.	Butter	Field	Lul		M.	Wilkenson
194. INFORMANT'S NAME (Type/Print)  Joyce E. Leisur	e				Ave., Pas		
20e. METHOD OF DISPOSITION  1  Burial 2  Cremation 3  R  4  Donation 5  Other (Specify)	emovel from State	PLACE AND DATE Of the control of the	other place)		1.	LOCATION — CH	
21. SIGNATURE OF FUNERAL SERVICE			22. NAME AI McCul	ly Funer		of Pasad	lena
iMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A  C. DUE TO (OR AS A	CONSEQUENCE OF):	Kair afron	Aven VA =	moning Herryste	ege a	Onset and Dec
PART II. Other significant conditions are significant conditions.		ut not requiting in	ths underlyin	g cause given in	PER	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Ch	neck only one)		
1 TYES 2 THO 27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	atlant 3 DOA 4	OF 28c. IN.	e 5 Residence URY AT	6 Other (Specify) 28d. DESCRIBE HO	OW INJURY OCCU	RED
1 Natural 5 Pending 2 Accident investigation 3 Suicide 5 Could not	28s. PLACE OF INHIRY	- At home, farm, atr	M 1 🗆	res 2 NO			r Rural Route Number,
4 Homicide datarmined					City or Town, S		
one)	YSICIAN: To the best of my know						
29b. SGNATURE AND TITLE OF CERTI	@ f Q	reip	0	29c. LICENSE NU	MBER 7744	29d, DATE	SIGNED (Morith, Day, Year)
DAVID A. SCHWAR				215/GLEN	BURNIE,	MARYLAN	ND 21061
31. DATE FILED (Month, Day, Year)	July Daydson-Ran	ATURE					

has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The Instruction that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After the configure has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans he filed within 72 hours after death which is some car. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, and the shows any injury, or other traumatic event, the medical examiner must be notified at once.

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31. DATE FILED (Month, Day, Year)
JUN 0 4 1991

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAI CERTIF				MENTAL	HYGIEN REG. NO.	9 I	1	4747	
,	1. DECEDENT'S NAME (First, Middle, Last)  Josephine	W.	Burnett 2. DAT				e of death the pay 1.991 3. Time of death m					
	213 20 2851	5. SEX 6. AGE (In yrs. 1 M 2 K) F 68	last birthday) YRS.	MONTHS DAVE HOUSE MIN			7. DATE OF BIRTH (Month, Day, Year) Oct. 7, 1922 S. BIRTHPLACE (State Country) Kentuck				tucky	
TOR	9a. FACILITY NAME (# not institution, give street and number)  206 Water Fountain Ct. #203			96. CITY, TOWN OR LOCATION OF DEATH Glen Burnie				9c. COUNTY OF DEATH Anne Arundel				
DIRECTOR	Maryland Ann	e Arundel	10c. CIT	Glen Burni				LIN			INSIDE CITY LIMITS? YES 2XXNO	
FUNERAL	100. STREET AND NUMBER 206 Water Fountai		101. ZIP CODE 21060				10g. CITIZEN OF WHAT COUNTRY? United States					
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	or Married 2 Married FORCES? 1 YES 2 XX00				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.)  1 ☐ YES 2 XX O Specify:  1. □ YES 2 XX O Specify:						
COMPLETED	(Specify only highest grade completed) (Give kind				'S USUAL OCCUPATION of work done during most of working use retind.) Cashier				b. KIND OF BUSINESS/INDUSTRY  Distillery			
BE CON	17. FATHER'S NAME (First, Middle, Last) Oren			18. MOTHER'S NAME (First, Middle, Meiden Surname Elsie					Keaton			
TO B	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  411 E Loop 281, Box 32, Lakeview, TX 75601										501	
	20e. METHOD OF DISPOSITION  1X Reurisi 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cemetary, crematory or other place)  Glen Haven Memorial Park 6/5/91 Glen Burnie, MD											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  McCully Funeral Home of Pasadena  3204 Mountain Rd., Pasadena, MD  211222											
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one ceuse on each line.  Approximats interval Between											
	immediate cause (Finel disease or condition resulting in death)  a. Esophagea Courer  Due to (on/as a consequence of):											
NO	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):											
CERT	resulting in death) LAST											
EJAN: MEDICAL	PART II. Other significent conditions contributing to desth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO								COL	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE OEATH?  YES 2 NO		
NA	25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)											
憲	EXAMINER?  1   YES 2   NO											
ВУ Р	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	286, 11	28b. TIME OF 18c. INJURY AT WORK?  M 1 YES 2 NO				d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28i. LO							CATION (Street and Number or Rural Route Number, or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Morith, Day, Year)  Charles  4 D 2 7 9 3 8 6 3 9									rith, Day, Year)		
0		COMPLETED CAUSE OF SEATH									- 1	

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Glea Burnie

DHMH-16 Rev 1/89

urs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burfal-transit **MARYLAND 21215-0020** BALTIMORE,

filled in by the fon. or removal.

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Pages 1, 2, 3 should

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faw requires that the death certificate be executed within 24-18 has been signed by the attending physician and completely filled Dept, of Health and Mental Hyglene prior to burfal, cremation,

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DIVISION OF WITH RECORDS, P.O. BOX	ment and requires that the death certificate be ex
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31. DATE FILED (Month.

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2906 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2 DATE OF DEATH 1. DECEDENT'S NAME (First, Mig 3. TIME OF DEATH Boninique YEAR (91 - 92)UNKNOWN 05 991 11:50 P E OF L. onth, Day, h. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday 7. DATE OF BIRTH IF UNDER 1 IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F 10 68 N.C 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore TYPES 2 NO 10e. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1621 Durham St. 21213 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 25 NO Specify: Specify: BY 3 Widowed 4 Divorced Black COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166 KIND OF BUSINESS/INDUSTRY (Specify only higher entary/Secondary (0-12) College (1-4 or 5+) Self employed Salesperson 17. FATHER'S NAME (First, Middle, Last)

W. once. 18. MOTHER'S NAME (First, Middle, Meiden Surname) Bryant Lila Ħ Walden notified 190. INFORMANT'S NAME (Type/Print)
Mrs. Lila Bryant 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 407 McLane Dr. Coats, N.C. g 20g\_METHOD OF DISPOSITION
1 (2\text{Z-Burlet} 2 \cap Cremation 3 \cap Removal from State
4 \cap Donation 5 \cap Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State OATE must of Resthaven Cemetery 6/5 Dunn, N.C. 22. NAME AND ADDRESS OF FACILITY
James A. Morton 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner & Sons a. mes 1701 Laurens St. Balto., Md. 21217 medical 23. PARTY Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or haart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final the disease or condition a classt r resulting in deeth) event, DOE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? TYES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) Item HOSPITAL: OTHER: XX YES 2 NO 1 | Inpatient 2 SER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 05 30 1991 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 5 Pending Investigation 1 Natural 10:03 " SUBJECT SHOT 1 YES XX NO BY 2 Accident 281. LOCATION (Street end Number or Rural Route Number, City or Young State) 70 THE HOSPITAL CONTROL OF TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after de IMPORTANT. If Item 28 Is 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be determined COMPLETED BALTIMORE CITY 4 Homicide STREET-1600 BLOCK OF DURHAM ST 1 CERTIFYING PHYSICIAN: To this best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE OCME 1991 2 O ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BZLTIMORE, MARYLAND 21201 111 PENN STREET

32. REGISTRAR'S SIGNATURE

TO BE CO

296. SIGNATURE AND TITLE OF CERTIFIER

1991

MAY 04

D CAUSE OF OEATH (ITEM 27)

32. REGISTRAR'S SIGNATURE La Davidson-Randelle

DIVISION

	- STATE REGISTRAR . OECEOENT'S NAME (First, Middle, Last)		-	CERTIF	ICATI	E OF	DEAT	Н	A DATE -	REG. NO.		1	3. TIME OF CEATH
1	KENNETH BERR	Y							2. DATE OF MONTH	OEATH O	<b>"</b> 1 1		11:35 a.m
h	I. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In	yrs. last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTN		BIRTHP	LACE (State or Foreign
1	219 52 5430	1 M 2 - F	4	12 YRS.	MONTHS	DAYS	HOURS	MIN.	9.00	48		Md	•
1	De. FACILITY NAME (If not institution, give a	street and number)		-	9b. CITY	Y, TOWH O	R LOCATI	ON OF OE	ATH		9c. COUNT	Y OF OE	ATH
2	THE JOHNS HOPKINS	HOSPITA	L		BAL	TIMO	RE C	ITY			BALT	IMOR	E CITY
_	RESIDENCE OF DECEDENT	v		100 000	v TOWN	OR LOCAT	ION.						10d. INSIDE CITY
Ι.	Md.					timo							LIMITS?
H	0e. STREET ANO NUMBER		-			101	. ZIP COD	E			10a. CITIZI		HAT COUNTRY?
	1122 Diggs 3:1						212				11.0	S.A	
1	1122 Riggs Ave	12. WAS DECEDE			13.	WAS DEC	ENOENT C	OF NISPAN	NC ORIGIN?	(Specify Yes		4. RACE	- American Indian.
11	Never Married 2 Married	FORCES?				If yes, spe	2 THO	n, Mexica Specify	n, Puerto Ric	ean, etc.)	D	Block,	White, etc.
3	Widowed 4 Divorced										P	Tac	K
	15. OECEOENT'S EOU (Specify only highest grade	CATION completed)	1	(Give kind of life. Do NOT u	Work done	during mo	ON at of worlds	ng	16b. H	INO OF BU	SINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)			enan			1	evir	gton	Mk	+
H	7. FATHER'S NAME (First, Middle, Lest)			Fia	111 C	chan		NEO!O NA	ME (First, Mic			THE	
ľ		erry						ern:		zine, marcieri	_	rrv	
1	19e. INFORMANT'S NAME (Type/Print)	orr A		19b, MAILING	3 ADORES	SS (Street e				City or Tow			
	Ms. Eunice Be:	rrv									1. 21		
Ŀ	20e_METHOO OF OISPOSITION		20b. of ce	PLACE AND OAT	ion:	POSITION Bace)			OATE	20c, LO Ba	alto.	ty or Tow	rn, State
	Junes a 23. PART I. Enter the diseases, or	1. mo		)		Jame 170	s A	. Mo	orton	St. I	Balto		Md. 2121
	shock, or heart failure.  iMMEDIATE CAUSE (Fine)  disease or condition resulting in death)	a. Ends	tese on and	ch lina.	V	int			en aa cardii	ic or reap	ratory arre	<b>\$</b> (,	Approximate interval Betwee Onset and Deat
	Sequentially list conditions,	bOUE TO	O (OR AS A	CONSEQUENCE O	OF):								
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. OUE TO	O (OR AS A	CONSEQUENCE O	OF):								
	resulting in death) LAST	d											7
	PART II. Other aignificant condition	na contributing to	o death bu	t not resulting	in the u	ınderlyin	g cause	given in		PERFOI			WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						0			- 1		٠		1 TYES 2 NO
	25. WAS CASE REFERRED TO MEDICAL						LACE OF	DEATN (C)	neck only one,				
	1 YES 2 NO	MOSPITAL:	☐ ER/Outpa	tient 3 DOA	OTHE 4 - Nu		10 5 A	esidence	8 🗆 Other	(Specify)			
	27. MANNER OF OEATN  1 Natural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF JURY	WC	JURY AT DRK? YES 2 [	□ NO	28d. OE\$0	RIBE NOW	NJURY OCC	URED	
	2 Accident Investigation												

29c. LICENSE NUMBER

1 - FOR STATE REGISTRAR

	1. DECEDENT'S N	STANCE	E. BI	ARNEY				MONS	3		YEAR	440
	4. SOCIAL SECUI	10-8534	5. SEX	8. AGE (In yrs. les	birthday) IF UNDE WONTHS		UNDER 24 HRS.	7. DATE (Most)	of BIRTH	6	8. BIRTHP	LACE (State or Foreign
NG.	90. FACILITY NAMES	AE (If not institution, give	etreet and number)		9b. CIT	Y, TOWN OR LO	OCATION OF DE	ATH (	rita	9c. COUNT	TY OF DE	ATH
DIRECTOR	RESIDENCE 10a. STATE	OF DECEDENT	ту		10c. CITY TOWN	OR LOCATION			Ö			10d. INSIDE CITY
	10e. STREET/AND	NUMBER	/· T	- 1.	1+01	10f. ZIP	CODE	,		10g. CITIZ		AT COUNTRY
Y FUNERAL	11. MARITAL STAT	ed 2 Married	FORCES?	NT EVER IN U.S. AR 1 YES 2 A WAR OR DATES		If yes, specify	DENT OF HISPAN Cuban, Mexica D-NO Specify	n, Puerto		or No-	14. RACE Black, Speril)	- American India: Whita, etc.
TED BY	3 Wildowed	15. DECEDENT'S ED Specify only highest grad		(Gi	CEDENT'S USUAL (	OCCUPATION during most of			. KIND OF BUS	BINESS/INDU	121 USTRY	ACK
COMPLET		condary (0-12)	College (1-4 or 5	(+)	Do NOT use retired.	4	NN		PL	Ady	d	Appear
BE CO	CATT	ME (First, Middle, Last)	thon	nAS		118.	MOTHER'S NA	ZA	beth	5	he	approd
2	mr. H	S NAME/(Type/Print)	BAR	neu	5/7/	V. An	pleta	Route Num	STBI	4/10	N.	1,212
		Cremation 3 Re 5 Other (Specify)		bi cometary.	prematory or other	mem	1. IANK	193	E 20c. 19	A/10	alty or Tow	o, Th
							DODESO OF SE	ah m			. /	
	21. BIGNATURE C	reph L	Rus	2/	2	Joseph 10392	WIN	02.77	5 Ave	VETR	alter	mol 21
	23. ART 1. Er	depthe diseases, Dock, or haert fallure	r complications the List only one ce	nat coused the desuse on each line	eath. Do not ente	or the mode	WIN			C-BI	ella.	Approximinterval B
ATION	23. ART I. Er IMMEDIATE C disease or co	AUSE (Final adition seth)	r complications the b. List only one ca	rci NDM	peth. Do not enter.	or the mode	of dying, suc			C-Blanding arres	CA	Approximation interval B
ERTIFICATION	23. ART I. Er sh IMMEDIATE C. disease or co- resulting in de	dispine diseases, process, or haert fellument for the fellument fe	r complications the b. List only one ce b. DUE TO b. DUE TO c.	PUSE ON ESCH line O (OR AS A CONSE	ouence of):	or the mode	of dying, suc			N CFM C-BI Instory arrow	CA	Approximation interval B
DICAL CERTIFICATION	IMMEDIATE Codisease or coreaulting in de Sequentially I if any, leading cause. Enter ICAUSE (Diseathat initiated cresulting in de	dispine diseases, process, or haert fellument for the fellument fe	b. DUE TO DUE TO d.	O (OR AS A CONSECUTION OF	ouence of):  OUENCE OF):	Joseph 2032 or the mode	www.of dying, suce	esis		анторку	CA	Approxim Interval B Onset and
MEDICAL C	IMMEDIATE Codisease or coresulting in de Sequentially if any, leading cause. Enter ICAUSE (Diseathat initiated cresulting in de PART II. Other	ateuthe diseases, pook, or haert fellum AUSE (Final ndition seeth)  set conditions, to immediate JINDERLYING se or injury events seth) LAST	b. DUE TO DUE TO d.	O (OR AS A CONSECUTION OF	ouence of):  OUENCE OF):	Joseph 2032 or the mode	www.of dying, suce	esis	24a. WAS AN PERFOR	анторку	24b.	Approximinterval B. Onset and Onset
SICIAN: MEDICAL C	IMMEDIATE Control of the control of	ter the diseases, Dock, or haert fellum AUSE (Final addition seeth)  set conditions, to immediate INDERLYING se or injury events seeth) LAST  relignificant conditions  reference to MEDICAL M NO	b. DUE TO  d. HOSPITAL:	O (OR AS A CONSECUTION OF	OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):	underlying ca	www.of dying, suce	Part I.	24a. WAS AN PERFOR	анторку	24b.	Approxime interval Bronset and Onset
PHYSICIAN: MEDICAL C	IMMEDIATE Content of the content of	tey the diseases, pook, or haert fellum AUSE (Final ndition seeth)  set conditions, to immediate JNDERLYING see or injury events eath) LAST  algnificant conditions and the seeth se	DUE TO  C.  DUE TO  DU	D death but not i	OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):	inderlying cs  28. PLACE  28. INJURY  28. INJURY  28. INJURY	of dying, suce the state of dying, suce given in	Part I.	24a. WAS AN PERFOR	AUTOPRY AMED	24b.	Approxime interval Be Onset and
TED BY PHYSICIAN: MEDICAL C	IMMEDIATE Codisease or coresulting in decrease or coresulting in decrease. Enter ICAUSE (Disease that initiated resulting in decrease in the Initiated Initi	tep the diseases, Dock, or heert fellure AUSE (Final ndition — seth)  ist conditions, to immediate INDERLYING se or Injury events eath) LAST  algnificant conditions  algnific	DUE TO  DUE TO	D COR AS A CONSECUTION OF INJURY	DUENCE OF):  OUENCE OF):	inderlying ca  28. PLACE  28. PLACE  28. INJURY  1  YES	of dying, suce to suce given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPRY MED  NO  NURY OCC	24b.	Approxime interval Bronset and Onset
ED BY PHYSICIAN: MEDICAL C	IMMEDIATE Codisease or coresulting in de Cause. Enter to CAUSE (Diseathat Initiated cresulting in de PART II. Other EXAMINER? 1	ter the diseases, Dock, or heert fellure AUSE (Final ndition — )  ist conditions, to immediate INDERLYING se or injury events eath) LAST  relignificant conditions  relignific	DUE TO  DUE TO	D death but not in the properties of my knowledge, de	DUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  Presulting in the state of the	28. PLACE  28. PLACE  28. INJURY  1 VES  1 VES  1 office	of dying, suce etc. State of DEATH (Ch. State of DEATH (Ch. State of DEATH (Ch. State of Death of Deat	Part I.  Beck only of the call to the call to the call	24a. WAS AN PERFOR 1 VES 2  OF (Specify)  SCRIBE HOW I	AUTOPRY RMED  NJURY OCC  and Number	24b.	Approximation interval Brown on set and on s

62. REGISTRAR'S SIGNATURE

31. DATE TO ED Month Day, Marin

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.

DHMH-18 Rev 1/89

1, 2, 3 should

TO BE COME	TO BE COMPLETED BY BUYEICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hospi	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospi
BALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, P.O. BOX 88760,

	FOR 1 STATE	STATE OF I	MARYLAND / DI	EPARTMEN	T OF H	EALTH	AND I			149	153
	REGISTRAR		CER	TIFICAT	E OF	DEA	ТН	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)								DAY	YEAR 3. 1	TIME OF DEATH
	MARIE BROWN  4. SOCIAL SECURITY NUMBER	5. SEX						05 7	-8	11	(D:00A H
	1. SOCIAL SECURITY NUMBER	1 M 2 F	6. AGE (In yrs. lest bin	YRS. MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Mor)th, Day, Year)		Country)	CE (State opforeign
	9a. FACILITY NAME (If not institution, give a		0/		TY, TOWN (	D I OCATI	ON OF DE	- di	1 00 000	ITY OF DEATH	10. 1K
œ			m 3 T						9e, COUN	HY OF DEATH	1
5	UNION MEMORI	AL HOSPI	TAL	В.	ALTIM	ORE,	CII				
H	10a. STATE 10b. COUNTY		10	Oc. CITY, TOWN	OR LOCAT	ION				100	I. INSIDE CITY
6	Maryland			10	Alli	mo	10			1 2	VES 2 NO
FUNERAL DIRECTOR	10a. STREET AND NUMBER	//	11.11 1		101	. ZIP COD	E	0	10g. CITI	ZEN OF WHAT	COUNTRY?
W W	7318 Inar	0/e F	17/1 HL	18.		41	23	7	1	4,5	114.
5	11. MARITAL STATUS  1 Never Merried 2 Merried	FORCES?	T EVER IN U.S. ARMET	0. 1	If yes, sp	ecity Cube	n Mexice	IIC ORIGIN? (Specify ) n, Puerto Rican, etc.)	es or No—	14. RACE — a Black, WI	American Indien, hite, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		1 TYES	2 110	Specify	r:		South	rK
8	15. DECEDENT'S EDU		16a. DECED	ENT'S USUAL	OCCUPATION	DN		16b. KIND OF B	USINESS/IND	USTRY	
4	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	We Do	kind of work don NOT use retired	e auring ma .)	ISI OF WORK	ng				
COMPLET			_ //	me	me	RE	RI				
8	17. FATHER'S NAME (First, Middle, Last)	1,				18. MOT	HER'S NA	ME (First, Middle, Maide	on Sumamo)	1	
BE	1-15W01/1	40	ung		7	1	11	24 6	11911	5	
2	19a. INFORMANT'S NAME (Type/Print)	d	19b. M	AILING ADDRE	S (Street )	and Numbe	og Hural I	Houte Number, City or To	own, State, Zip	0/4	10/11/20
	20a. METHOD OF DISPOSITION	OFTEMA	20b. PLACE AN	D DATE OF DE	POSITION	(Name	77	DATE 2001	OCATION -	City or Town.	Street
	1 Burlet 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	of cametary cre	ematory or othe	blace)	- A-	mil	6/4 /	alto	Con	mal
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			2. NAME A	ND ADDRE	SS/OF FA	OUTY -C	distri	21 140	mel
	Wheel a	Pour	100	~	Jas-	app.	del	0131	0.	1+ 4	1000
	23. Part I. Enter the diseases, or o	complications the	at caused the death	Do not on	150 A	1 10	17/0	WIN HOE	19141	10.11	Approximata
	ahock, or heart fallure.	List only one ca	use on each line.	i. Do not em	or the me	rua or uy	mg, auc	il as caldiac of rec	phatory an	wat,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	LONG	T (MEA	21115/1	1120						Onset and Desth
	reaulting in death)	a	O (OR AS A CONSEQUE	NGULLE ENCE OF):	1017						
z	2 L	· UUL	TIPIER DE	ECUAI	MS	VI.	ER	5			
은	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQUE								
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	c									
Ë	that initisted events resulting in desth) LAST	DUE IC	O (OR AS A CONSEQUE	INCE OF:							
CERTIFICATION		d						-6-1			
- 1	PART II. Other significant condition		deeth but not resu	uiting in the	underlyln	g ceuse	given in		AN AUTOPSY ORMED?		RE AUTOPSY FINDINGS
MEDICAL	ALZHEILUERS ]	38438K							2 DENO	co	MPLETION OF CAUSE DEATH?
ME	CHONCE XIRI	AL PIB	ewon	1						1[	TES 3 NO
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		LACE OF D	DEATH (Ch	eck only one)			
YSI	1 TYES 2 NO		☐ ER/Outpatient 3 ☐	DOA 4 D	lursing Hon		asidence	6 Other (Specify)	S II S	Alexander and a second	
	27. MANNER OF DEATN  1 Natural 5 Pending	28e. DATE O (Month,	F INJURY Day, Year)	8b. TIME OF INJURY		JURY AT ORK? YES 2	7	28d. DESCRIBE HOV	W INJURY OC	CURED	
B	2 Accident Investigation	28e. PLACE	OF INJURY — At home,				_ NO	28I. LOCATION (Street	et and Number	or Burel Bout	a Number
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Specify)	, raim, andac, r	actory, onn			City or Town, Sti		or north noot	Trombel,
E	29a. CERTIFIER	OLANI, To Ma base						Van een een een een een een een een een e			
MP	(Check only one) 2 MEDICAL EXAMINE		of my knowledge, death								od manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE				, ., .,				_		
BE	1/6/01/10/15					29C, LIC	ENSE NU	MBER	290. DAI	5/3X/	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAI	JSE OF DEATH (ITEM 2	7) (Type, Print)	,					1-01	C 1
	MARKHENDALY L	ID, VID	USE OF DEATH (ITEM 2  ON MENU  IAR'S SIGNATURE  SEVINGEN - ROM	RIAL	HOSP	201	EI	UNIV. PARK	ChHen	FALT	MORE ND
	31. DATE FILED (Month, Day, Year)	32. PEGISTR	AR'S SIGNATURE	0.45	V 1	1		121 4 2 11/104	-01	1	
	JUN 4 199	1 Julian	Jevidson-Pon	delle							

BALTIMORE, MARYLAND 21203-3146	and mounts after death. Page 6 may be retained by the hospital or attending processing	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the built has been signed by the attended by	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as mount after death. Page 6 may be retained by the hospital or attending present	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

								DEA		HI				
	1. DECEDENT'S NAME (First,		7 70							2. DATE OF D	30	χĘ	AR 3. 1	TIME OF DEATH
	JAMES	BETTE												М
	4. SOCIAL SECURITY NUMBI	Section 1	S. SEX	6. AGE (In yrs. lest b	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, Day	IRTH ( Year)		BIRTHPLA Country)	CE (State or Foreign
	218-01-3	726	1 M 2 F	76	YRS.	BONTHS	DAYS	HOURS	mere.	2-2	1-13		mp	rulpnd.
	9a. FACILITY NAME (If not ins	titution, give atre	et and number)			9b. CITY,	TOWN O	R LOCATI	ON OF OE	ATH	90	c. COUNTY	OF DEATH	4 /
00	2326 Arun							ore						
2	RESIDENCE OF DEC		enue			Dar	LTIII	ore	CIL	. у				
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					104	I, INSIDE CITY
<u>=</u>	MD					Ltim								LIMITS?
	MD				Da.	LLTIII	_							Ý YE\$ 2 □ NO
₹١	10e. STREET AND NUMBER							. ZIP COD			10	og. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	2326 Arun	ah Ave	enue				2	1216	5				U.S.	. A
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVERAN U.S. ARMI	ED	13. \	MAS DEC	ENDENT (	F HISPAN	IIC ORIGIN? (Sp	pecify Yes or I	No 14.	RACE -	American Indian,
	1 Never Married 2			YES 2 NO	)			2 NO		n, Puarto Rican	, etc.)		Black, Wi	hita, atc.
BY	3 Widowed 4 Divor	beo	WM	116				- 10	ороспу				Alp	mr.
		DENT'S EDUCA		18a. DECI	EDENT'S	USUAL OC	CUPATIO	ON		16b, KIN	D OF BUSINE	ESS/INDUST	TRY	CL
E		highest grade co		(Give	kind of v	work done o	turing mo	at of working	ng					
ايّ	Elementary/Secondary (0-	-12)	College (1-4 or 5	*)		- 7	(1)							
Z					17/	nle	1							
COMPLETED	17. FATHER'S NAME (First, Mi	ddle, Last)	n H	-				18. MOT	HER'S NA	ME (First, Middle	, Malden Surr			
BE	CLSIA1	2	13:01/6	R				H.	nn	>e	20	CKE	son	)
	19a. INFORMANT'S NAME (7)	pe/Print)	2-	19b.	MAILING	ADDRESS	(Street a	nd Numbe	r or Runal I	Route Number, C	lty or Town, St	itate, Zip Cod	de)	T 10 T T 10 T
2	The Paril	130	1100	2	610	-41	111	ntt	1	10 8	mis	50	2	21216
	20a. METHOD OF DISPOSITI	ON	7700	20b. PLACE OF	E DISPOS	SITION (No	me of con	nelan con	nathou or		20c. LOCAT	ION CIN	or Tours	ands
	1 🗆 Burial 2 🗆 Crematio	n 3 🗆 Ramov	ral from Stata	pther pleo	<b>(ec</b>		and or con	7	10	0.	120	/×	Or jown,	[da-6]
	4 Donation 5 Other			- GAY	150		ore	S/ U	2, 0	egn	19H	1100	Co	1100
	21. SIGNATURE OF FUNERAL					22.	NAME AN	ID ADDRE	SS OF TA	CILITY	55 F	UNK	CVB?	1 Home
	* XOS 191	chi d	· Rus	0		2	34	J.		the	2 00	12-	14	Indans.
$\dashv$	23. PART i. Enter the di	100			th Do	1	ddi	200	INI	11/1/17		[2][7]	100	MI Gueller
	ahock, Dr he	ert feliure. Li	iat only one ca	se on each line.	itii. DO I	iot enter	the mo	de oi dy	ing, aug	n am cerdiec	or respired	ory arrest	1	Approximete Interval Between
	IMMEDIATE CAUSE (Fin	ai	1/	. + .	-	7	} -		10	10			/	Onset and Death
	disease or condition	-	de	-11-0	m	12.1								
		/	440	one	re	1/1	-	//	Nu	Na	mil			
	Tooditing in Goddin	a.	DUE TO	O (OR AS A CONSEQU	UENCE, 9	h.		/	Nu	Na	rul			
_	rooting in John)		DUE TO	O (OR AS A CONSEQU	UENCE, O	h.	1		~W	Na	mil			
NOI	Sequentially list conditi			O (OR AS A CONSEQUE	-	021	/		~W	Na	me			
ATION		late			-	021	/		~W	Na	rne			
FICATION	Sequentially list conditi If any, leading to immedicause, Enter UNDERLYI CAUSE (Disease or inju	diate NG	DUE TO	O (OR AS A CONSEQU	UENCE O	F):	/		~\a	va	rne			
TIFICATION	Sequentially list conditi If any, leading to immediate. Enter UNDERLY!	diate NG ry	DUE TO		UENCE O	F):			~\a	να 	Tenl			
ERTIFICATION	Sequentially list conditi If any, leading to immed cause, Enter UNDERLY! CAUSE (Disease or inju that initiated events	diate NG ry	DUE TO	O (OR AS A CONSEQU	UENCE O	F):			~\a	<i></i>	me			
L CERTIFICATION	Sequentially list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate NG c.	OUE TO	O (OR AS A CONSEQU	UENCE O	F):	derlying	g cause	N(u)	Part I. 24s	TENLE	торяу	Fib. WE	RE ALITOPSY FINDINGS
	Sequentially list conditi If any, leading to immed cause, Enter UNDERLY! CAUSE (Disease or inju that initiated events	diate NG c.	OUE TO	O (OR AS A CONSEQU	UENCE O	F):	dertying	g cause	NW piven in	Part I. 24a	. WAS AN AUTPERFORME		AM	RE AUTOPSY FINDINGS
	Sequentially list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate NG c.	OUE TO	O (OR AS A CONSEQU	UENCE O	F):	aderlying >	g cause	phren in	2		:07	CO	
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS:  PART II. Other eignifice  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF CEATH  1 Netural 8 2 Accident 8 4 Homicide  29a. CERTIFIER (Check only one) 2 MEO  29b. SIGNATURE AND TITLE	diate NG C. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO OUE TO OUE TO Contributing to COMPATED GAI COMPATED GAI COMPATED GAI	O (OR AS A CONSEOU  O (OR	DOA 28b. TIN.	OTHES 4 Nur	26. Pt 3: sing Hom 28c. INJ WO 1	LACE OF E	DEADY (Cheeldence ND ND ND ND ND ND ND ND ND ND ND ND ND	eck only one)  6 Other (Sp 28d. DESCRII  28f. LOCATIO City or 70	PERFORME  YES 2 **  PROCIFY)  BE HOW INJU  IN (Street and wm, State)  and manner  in place, and delighted the state of the	JRY OCCUR  Number or i	AMCOO OF 1 [	NUMBLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  Number,

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IAL DIRECTOR: After this certificate has been signed by the attending physician and compressly med in by the runner	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
Ball	J. O.	E III
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IN DE	giene	other
TIEFFOR	tal Hy	, or
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OI KEC	OUIS &	lem '
SAL	72 4	H

	1. DECEDENT'S NAME (First, Middle, Lest) FRIEDA BC	GDANSKY						2. DATE OF OEATH BONTH D	1991	YEAR	3. TIME OF DEATH  3:05 a	м
8	4. SOCIAL SECURITY NUMBER 135-20-3238	5. SEX 8	AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-12-97		PO	IPLACE (State or Foreign IV) DLAND	
TOR	90. FACILITY NAME (If not institution, give SUMMIT NURSING H RESIDENCE OF DECEDENT						VILLE	АТН		NTY OF D		
FUNERAL DIRECTOR	10a. STATE 10b. COUN	SALTIMORE			Y, TOWN (						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	MARYLAND 10e. STREET AND NUMBER 2212 OLD FREDE	RICK RD.					21228			J.S.A	HAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2	MED		If yes, sp		NC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No—	14. RACI Blaci Spec	E — American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	(G/	ve kind of Do NOT u	usual o work done se retired.)	during mo	ON at of worlding	OWN HO		JUSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) WALTER WIELKAPOL	SKA					18. MOTHER'S NA SABINA	ME (First, Middle, Melder A DEARHO		2		
TO B	19a. INFORMANT'S NAME (Type/Print) ROBERT BODAN	(SON)						Route Number, City or Too AD BAL'I'IMO			AND 21228	
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)		20b. PLACE CALVA				(Name		ATERS		own, State EW JERSEY	
- 8	21. SIGNATURE OF FUHERIAL SERVICE L	) >	Le		LI	EROY		LL WITZKE			HOME MD. 21228	
CERTIFICATION	shock, or heart fellure iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO COM	AS A CONSECUTION AS A C	DUENCE O	A	and la	AN O	Cement ardi	go	nes	Interval Between Onset and Dea	
MEDICAL	PART II. Other significant condition	ona contributing to de	eth but not r	esulting	in the u	ndertyln	g ceuse given in		N AUTOPSY DRMED? 2 NO	241	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	Mustration 2	□ <b>DOA</b>	OTHE	R:	LACE OF DEATH (C					_
BY PHYS	27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	IURY	28b. TIR		28c. IN.	JURY AT DRK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	3.77	
8	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF II building, atc	IJURY — At ho . (Specify)	me, farm,	street, fac	ctory, offic	•	281. LOCATION (Street City or Town, State		r or Rural	Route Number,	
COMPLET	const only	SICIAN: To the best of my NER: On the basis of exer									(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIF	ER PRI	A.	an			29c. LICENSE NU	MBER 5/32L	29d. DA	SIGNET	1/91 Very	
0	30. NAME AND ADDRESS OF PERSON V	len Ch	la	W ZZYTYP	0, 1960)	als	in y	De led	21	122	1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S										
				-							DHMH-16 Rev	1/8

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO	).	
1. DECEDENT'S NAME (First, Middle, Lest) SAMUEL B CARTER			JUNE 1,	<b>™</b> 991 <sup>ve</sup>	3. TIME OF OEATH 7:15 P
4. SOCIAL SECURITY NUMBER 5. SEX 1 38 15-75 1 0 2 m :	58 YRS. W	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Night)	8, 8	HRTHPLACE (State or Foreign country)
96. FACILITY NAME (if not institution, give street and nu THE JOHNS HOPKINS HOS		BALTIMORE	CITY	BAL'	OF DEATH CIMORE
10a. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?  1 YES 2 NO
100 STREET AND NUMBER THE PORT OF THE PORT	weham Dt	2/20S	ques .	10g. CITIZEN	OF WNAT COUNTRY?
1 Name Married 2 M Married FORC	DECEDENT EVER IN U.S. ARMED ES? 1 YES 2 NO B, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxics 1 YES 2 NO Specifi	en, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: 3/4/2/
16. DECEDENT'S EQUICATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College	(1-4 or 5 +)	BUAL OCCUPATION It done during most of working wired.)	16b. KINO OF BU	E DO	list Syste
17. FATHER'S NAME (First, Middle, Last)	1131	16. MOTHER'S NA	AME (First, Middle, Meider	Surname)	- 0
19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AI	DORESS (Street and Number or Pural  Method	Route Number, City	m Sum Zio Coo	2 ,2120
20a, METHOD OF DISPOSITION Burlel 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State 206. PLACE AND DATE Of cometury, commutory or		DATE 20c. L	G Con	of has
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	eks . I	22. NAME AND ADDRESS OF FA	sal Hore	1304	n. Central
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):			9	
resulting in death) LAST  d  PART II. Other significent conditions contrib	uting to deeth but not resulting in	the underlying cause given in			24b. WERE AUTOPSY FINDIN
			1 TES	PRMED? 2 NO	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C/	heck only one)		
EXAMINER?  1 YES 2 NO HOSPI		OTHER:  Nursing Home 5 Residence	S Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	DATE OF INJURY (Month, Day, Year) 2Sb. TIME (INJURY)	OF Y 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
2 Pacification	PLACE OF INJURY — At home, ferm, strebuilding, etc. (Specify)	pet, factory, office	281. LOCATION (Street City or Town, State	and Number or F	tural Route Number,
anal	e best of my knowledge, death occurred beels of examination and/or investigation,				use(s) and manner as stated
296. SIGNATURE AND TITLE OF CERTIFIER  J.S. JULILY MO		29c. LICENSE NU	MBER	29d. DATE SI	SNED (Month, Day, Year)
JOHNS HOPKINS	TED CAUSE OF DEATH (ITEM 27) (Type, P	to more M	NEY, MD.	workes	it. 21205
JUN 1 1991 Julie	REGISTRAR'S SIGNATURE				

or Trending physician.	une as the burial-transit permit. Pages 1, 2, 3 should		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be reserved by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 amount to expend the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR		CERT	II IVAII		DEAIL		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DE	ATH
Ronald	н.	Copelar	nd			06	01	199	EAR	5:32	A
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birth	day) IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH lev Mart	8.	BIRTH	IPLACE (State or	Foreign
217-56-6822	1 X M 2 D F	38 YF		DAYS	HOURS MIN.		7 -19			Md	
9a. FACILITY NAME (If not institution, give str Edmondson & F111to				altí:	TOTE	EATH		Balti		re City	
Edmondson & Fulto RESIDENCE OF DECEDENT  100. STATE  100. COUNTY		10c	Baltin							10d. INSIDE C	
Md			Baltii							1 YES 2	
1700 Edmondson	Avenue	Apt 2 A	P	101	21217				S	VHAT COUNTRY A	7
11, MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED			ENDENT OF HISPAN			or No-	I. RACE	E — American I	dlen,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF			If yes, sp 1 TES	ectry Guben, Mexice 2 NO Specifi	n, Puerto Ric y:	en, etc.)		Speci	k, white, etc.	k
15. DECEDENT'S EOUC (Specify only highest grade of			NT'S USUAL C			16b. K	INO OF BUS	SINESS/INDUS	STRY		_
Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	ille. Do N	OT use retired.)	ouning mo	st or working						
17. FATHER'S NAME (First, Middle, Last)				_	16. MOTHER'S NA	ME (First, Mid	dle, Malden	Surname)			
Andrew Nance					Barba	ra Cop	oe 1 an	d			
19e. INFORMANT'S NAME (Type/Print)					A LOCAL O					7	
James Coley					Avenue			CATION — CH			_
20a METHOD OF DISPOSITION 1 N Burial 2 □ Cremetion 3 □ Remo	oval from State	20b. PLACE AND				DATE		tonsv			
4 Donation 5 Other (Specify)		Wester	rn Sta	rle	metery		La	COLLZA	1 1 1	e, mu	
4 Donation 5 Other (Specify)		Wes ter			Metery  ND ADDRESS OF FA	CILITY	La	LONSV	1 1 1	e, mu	-
	ENSEE  Mare  complications that cau	Lesed the death.	22.	Marc 4300	h F/H We Wabash	st Avenu	2			Approx	Betw
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Julia Davidson-Randell

DHMH-16 Rev 1/89

	FOR 1 - STATE REGISTRAR		STATE OF N	IARYLANI	) / DEPAR	RTMENT	OF H	EALTH DEA	AND I	MENTAL	HYGIEN		1	14958
	1. DECEDENT'S NAME (First,		un Leon	ard (	CAHI	り				2. DATE MONTH	OF DEATH	11	YEAR 3.	TIME OF DEATH  7 25 A M
	4. SOCIAL SECURITY NUMBER 112 - 01 -	BER	5. SEX 1 X M 2 - F		s. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS.	(Month	DE BIRTH (Day, Ybar)		New !	ACE (State or Foreign  YOTK
	9a. FACILITY NAME (If not in	_				96. CITY	, TOWN C	R LOCATI	ION OF DI		/	9c. COUNT	Y OF DEAT	н
5	Greater Lau	EDENT		Hospi			ure					Prin		eorge
DIRECTOR	Maryland	Prince	r ce George			elts u			/					LIMITS?  K YES 2 NO
LONGHAL	100. STREET AND NUMBER	Trai	٤				101	207A	/			10g. CITIZE	U.S	A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V WW 1	AR OR DATES	. ARMED	13.	WAS DEC	ENDENT ochy Cub 2/X NO	OF HISPAI an, Maxica Specif	NIC ORIGIN In, Puerlo F ly:	? (Specify Ye	a or No 1	4. RACE — Black, W Specify:	American Indian, white, etc.
COMPLEIED	15. DEC (Specify onl Elementary/Secondary (t Grade, 12	EDENT'S EDU ly highest grade 0-12)	CATION completed) College (1-4 or 5		Give kind of life. Do NOT L	work done	guring mo	ON est of work	ing			SINESS/INDU		Pro-
2	17. FATHER'S NAME (First, M	fiddle, Last)	_		LLECO	<u>iigia</u>	LYL	16. MOT	THER'S NA	_	Widdle, Maiden	Lvania  Sumama)	. Kac	croau
BE C	Harris Cahr	ı			/			Emr	na L	ewis				
0	19a. INFORMANT'S NAME (				/							vn, State, Zip C		_
-	Martin Cahr			201 01	A					vater		yland		
	20a METHOD OF DISPOSIT 1 Durial 2 Crematic 4 Donation 6 Other	on 3 🗆 Rarr	oval from Stata		ace of dispo nor place rt Lin							DCATION - C		ryland
	21. SIGNATURE OF FINERA		CENSEE O	Me	ナカ	22.	name a Dona	nd addri	n Fu	neral	L Home	, P.A.		d 20707
	23. PART I. Enter the dehock, or h IMMEDIATE CAUSE (Fi disesse or condition resulting in death)	neart Injure.	List only one cal	ise Dn each	e deeth. Do							olratory arre	at,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj- that initiated events resulting in death) LAS	ring ury	b. DUE TO	(OR AS A CO	MSEQUENCE (	0F):	1715							
	PART II. Other signific	ent conditio	e. 3	death but	Syn	In the u	nderlylr ع جور ک	g cause	given in	Part I.	24a. WAS AI PERFO	RMED?	, a	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
Z		1								_			1	YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ	R:			heck only o				
H	1 YES 2 HO		1 inpetiant 2 26a. DATE O	FINJURY	28b. T	ME OF	28c. IN	JURY AT	Residence	6 Oth		INJURY OCC	URED	
ВУР	1 Natural 6	Pending Investigation	(Month,	Day, Year)		M		YES 2	□ NO					
	a D Bulate /	Could not be determined		OF INJURY — , etc. (Specify)	At home, farm	, atreet, fe	ctory, offi	ce			CATION (Street or Town, State	t and Number	or Rural Ros	ute Number,
COMPLETED	Crieck only		SICIAN: To the best of											and menner as stated.
TO BE C	29b. SIGNATURE AND TITL	She	Mans.	M	· ·				2 S C		2	29d. DATE	SIGNED (	Month, Day, Year)
F	30, NAME AND ADDRESS (	BOVE			URE 27) (Ty			(	-9 C	120	z L, ~	212		
	JUN 04 1	( Year) 991	Julia David	AR'S SIGNATI	URE YOLK									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trabe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2 2 3 ₹

30. NAME AND ADDRESS OF PERSON WHO COM

31. DATE FILED (Month, Day, Year)

NIMMAGA

32. REGISTRAR'S SIGNATURE

91 14959 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 7.10 A M RAYMOND ELWOOD CRIDER 06 1991 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 | F 228-16-8929 02 07 1923 VIRGINIA 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TYES 2 NO MARYLAND ANNE ARUNDEI GLEN BURNIE FUNERAL 10a STREET AND ""MARE 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1600 MANNING ROAD 21061 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 NO Specify: 2 NO 1 Never Married 2 Merried Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16h KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) T.V. REPAIRMAN 12 4 SELF-EMPLOYED 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) WILBUR CRIDER AMANDA WHITMER BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SAME AS # 10 E. MARIE CRIDER 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State OATE Buriel 2 Cremation 3 Removal from State

Donation 5 Other (Specify) HAVEN MEMORIAL PARK GLEN BURNIE. 21. SIGNATURE OF FUNERAL SERVICE AICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE 23. PART I finer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, another relative. List only one cause on each line. **Approximate** interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition HEART CONGESTIVE resulting in death) DUE TO (OR AS A CONSEQUENCE OF) SARCOMA OF THE traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING HYPO NATREMIA CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST ATRIAL FLUTTER 0 any injury, 24s. WAS AN AUTOPSY PERFORMED? PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 23 shows 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 TES 2 NO ient 2 ER/Outpatient 3 DOA 4 Nursi ng Home 5 - Residence 6 - Other (Specify) 6 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Soccity) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 99 6 Could not be determined COMPLETED 4 Homicide 28 Item 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee atsted. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 6/11 Kam 36612 MA 9 PLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

> Julia Veridoon-Rondalles DHMH-16 Rev 1/89

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event, the medical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. BOX 131	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Investment and Incommended to execut	sician	rior tt	IMPORTANT: If Item 28 is marked, or Item 23 shows any or the traumatic
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	A DECEMENTIS MANAGE (First Alleidio Local)														-
	1. DECEDENT'S NAME (First, Middle, Last)  James W. CRO	WSON							2. DATE OF D	DAY		YEAR		E OF DEAT	
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	Inat hirthday)	IF UNDER	n 4 VEAD	IF UNDER	OA LIDE	June 7 DATE OF B	2,	199			(State or Fo	P N
		1 ☑ M 2 ☐ F	_	1 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day 02/17/			Coun	ahom		wyn
-	9e. FACILITY NAME (if not institution, give stre	21		1	oh CIT	Y TOWN C	OR LOCATIO	ON OF DE		20	95 001	INTY OF I		.a	
- 11	A 406		0		100		le 21		Ain					_	
E	Franklin Square Hersidence of Decedent	ospitai	Center		Koss	SVIII	Le ZI	.201			Ra	ltim	ore	Coun	ty
	10e. STATE 10b. COUNTY			10c. CIT	TY, TOWN	OR LOCAT	ION						10d. IN	ISIDE CITY	11/1
	Maryland Balti	more		1	Essex	Х								ES 2 📉	NO
	10a. STREET AND NUMBER					101	f. ZIP CODE	i					WHAT CO	OUNTRY?	
	322 1/2 Townson R						21	1221			U	.S.A			
	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	NT EVER IN U.S. A	ARMED	13.	WAS DEC	ENDENT OF	F HISPAN	NIC ORIGIN? (Sp in, Puerto Rican	pecify Yee (	or No-	14. RAC Blac	CE — Ame ck, White,	erican indi	m,
- 11	1 Never Married 2 Merried 3 Widowed 4 Diverced	IF YES, GIVE Y	WAR OR DATES			1 TYES	2 NO	Specify		,,	1		ichte	ite	
- 11	15. DECEDENT'S EDUCA	ATION	16a	DECEDENT'S	1 USUAL C	CCUPATIO	ON		18b. KIN	ID OF BUSI	NESS/IN	DUSTRY	WILL	ILE	
	(Specify only highest grade of	completed)		(Give kind of	work done	during mo	at of working	g	Tou. Anv	D OF BOOM	NESSIN	DUSTRI			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)				epair	rman	Ref	frige	rat	i.on			
1	17. FATHER'S NAME (First, Middle, Lest)			прр	100	JC 1	7		ME (First, Middle						_
	Joseph A. Richard	C					.,,,		1ma Cro						
	190. INFORMANT'S NAME (Type/Print)	5		19b. MAILING	G ADDRES	S (Street e	and Number		Route Number, C			in Code)			
	Patricia Wilhelm			322 1					Baltin				d 21	221	
	20a. METHOD OF DISPOSITION		20b. PLAC	CE OF DISPO									Town, Stat		
	1 N Burial 2 Cremation 3 Removed 4 Doctor 5 Other (Specify)	val from State		v place) V Hil	1 Me	mori	al Ga	arde	ns					y, M	D
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	/ /		22.	NAME AN	ND ADDRES	SS OF FA	CILITY			-			
	M. K		1						uneral				MD C	11111	
+	21. PARTY's Enter the diseases, or co	or olications th	r caused the	death Do					ern Ave					Approxim	
	shock, or heart fellure. L.	ist only one ca	use on each I	ina.	Hot wine.	) trie	de or ey	ng,	// ==	Of total	atory	lest,	- In	nterval B	etweer
1	IMMEDIATE CAUSE (Final disease or condition	End-c+	aga Chy	· · · · ·	0 L . L					,				Miser and	Death
	resulting in death)	End-sta	OF AS A CON	OTITO	UDST	ruct	ive_r	3UIM	onary	Disea	ase_		-		
		Sepsis	(		,.								j		
	Sequentially list conditions,		O (OR AS A CONS	SEQUENCE (	OF):										
	If any, leading to immediate cause. Enter UNDERLYING														
	CAUSE (Disease or Injury that initiated events	DUE TO	O (OR AS A CONS	SEQUENCE C	JF):										
	resulting in death) LAST	ı													
	PART II. Other significant conditions	- contribution to	- dooth hut no	et esseulting	In the s		7	ni nanin	Dard 1 24	- WAO AN	ALTTO DE Y	. 1 24	wepe		TOWNS OF THE PERSON OF
	Multiinf			)( readiting	In the w	naeriyin	3 cause A	Jiven in		PERFORM	MED?	**	AVAILA	AUTOPSY F BLE PRIOR LETION OF	TO
	THATCHIN	arct Den	Henria						1[	YES 2	X NO		OF DEA		AUSE
													1 🗌 Y	/ES 2 🗌	NO
	25. WAS CASE REFERRED TO MEDICAL					20.0									
	EXAMINER?	HOSPITAL:	-21.10.0	- 7	OTHE	:A:	100		heck only one)						
	1 TYES 2 XNO	1 Inpatient 2		28b. Tife			JURY AT	eldence	8 Other (Sp		n ii ida U	COURED			
	1 Netural 5 Pending	(Month, i	Day, Year)	iN	NJURY	WO	ORK?	□ NO	200. 5000	DE HOW II.	Mon. c.	DOUNES			
	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE	OF INJURY — At	t home, farm,	street, for			J	28f, LOCATIO	DN (Street a	and Numb	er or Rura	I Ploute No	umber,	
	4 Homicide 6 Could not be determined		, etc. (Specify)	,			2),			own, State)				M	
	29e, CERTIFIER			TURN Victor	111-000		13.200								
	Chack only 1 CERTIFYING PHYSIC														

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

Julian Procope, M.D. 9000 Franklin Square Drive 21237

31. DATE FILED (Month, Day, Voer)

32. REGISTRAR'S SIGNATURE

JUN 04. 1991

the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in Mental Hygiene prior to burial, cremation, or removal.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	A STELLA	A. CO	KING				AN DESTINE OF DEATH
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	9/	BIRTHPLACE (State or Foreign
	186-20-8812	1 □ M 2)(XF 68		MONTHS DAYS	HOURS MIN.	SEPT. 1,1		PENNSYLVANIA
Œ	90. FACILITY NAME (II not institution, give a ST. AGNES HOSPITA	·			R LOCATION OF DI	EATH	9c. COUNTY	OF DEATH
CTO	RESIDENCE OF DECEDENT			BALTIMO			I BALI	IMORE CITY
DIRECTOR		ARUNDEL	100	ALTIMORI				10d. INSIDE CITY LIMITS?  1 YES 2VY NO
	10e. STREET AND NUMBER	TREET			. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	703 CHURCH S	TREET	U.S. ARMED	13 WAS DEC	21225	NIC ORIGIN? (Specify Ye		• A • RACE — American Indian,
B	1 Never Married 2XX Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2X X NO	If yes, sp. 1 — YES	city Cuban, Mexica ANO Specif	in, Puerte Rican, etc.) y:		Black, White, etc.  Specify:  WHITE
ETED	15. DECEOENT'S EDU (Specify only highest grade	e completed)	16a. DECEDENT'S L (Give kind of we life. Do NOT use	ork done durina ma	ON at of working	16b. KIND OF BU	SINESS/INDUS	ТЯҮ
COMPLE	9th grade	College (1-4 or 5+) NONE	HOMEMA	KER		DO	MESTIC	
	17. FATHER'S NAME (First, Middle, Last) WILLIAM C	OPELAND				ME (First, Middle, Maiden		
) BE	19e, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	EMM.	Route Number, City or Tov	HART) m, State, Zip Co	de)
5	LeROY COKING, 7 A							
	20a. METHOD OF DISPOSITION  1.4 □ Donation 5 □ Other (Specify)	noval from State	DAR HILL	OF DISPOSITION OF OTHER GLACEL CEMETER		91, BALTIM		Or Town, Stats
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME A	D ADDRESS OF FA	RAL HOME O	E DDOOL	ZI VN
	> Shave	. Saula	8	237 E.	PATAPSCO	D AVE. BAL	TIMORE	MD 21225
	23. PART I. Enter the diseases, or shock, or heer fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that coused. List only one couse on e	ech line.			th as cerdiac or reep	iratory arrest	Approximate interval Between Onset and Death
	resoluting in death)	DUE TO (OR AS A	CONSEQUENCE OF	):	Pailu	-0		6-2-91
NOI	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF		FOULOW			
ICAI	cause. Enter UNDERLYING CAUSE (Disease or injury		CONSEQUENCE OF					
CERTIFICATION	that initiated events reaulting in death) LAST	d.	CONSEQUENCE OF	<i>j</i> .				
AL CE	PART II. Other aignificant condition	na contributing to death b	ut not resulting in	n the underlyin	g ceuse given in			24b. WERE AUTOPSY FINDINGS
DICA	Engling	re-a.				PERFO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC	H&P					_		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	in inforce	hm	28. P	ACE OF DEATH (C	neck only one)		
YSIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	patient 3 DOA		ne 5 🗆 Residence	6 Other (Specify)		
	27. MANNER OF OEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	25e. PLACE OF INJURY	r — At home, ferm, st			26f. LOCATION (Street City or Town, State	end Number or	Rural Route Number,
COMPLETED	2001	SICIAN: To the best of my know						
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NU			IONED (Month, Day, Year)
101	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	A 3 243	22.6	6	12(9)
	ST AGM		spitzl	90	o cato.	n Ane	00	14. MD 21228
	31. DATE FILED (Month, Day, Year) 11. 11. 0 4 1991	Julia Davidson-A						

FOR 1 - STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

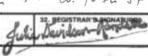
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CE	HIFICAL	E OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. OATE OF DEATH MONTH DA	Y YEAF	3. TIME OF DEATH
CARRIE	CARRAWAY			05 30		M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. les	t birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
010 111 20-4	1 M 2 F 71	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)		yntry) 14 (- 1
218-14-0208	10 2	- 72.5%		4-17-	20 10	19110, The
9a. FACILITY NAME (If not institution, give at	treet and number)	9b. CIT	Y, TOWN OR LOCATION OF DI	EATH	9c. COUNTY O	F DEATH
2503 Violet Av	enue	RΔ	LTIMORE CI	TY		
RESIDENCE OF DECEDENT	Ende	Dit	TO CHOILITE	1.1		
10a. STATE 10b. COUNTY	1	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?
MD		RATTIM	ORE CITY			1 YES 2 □ NO
10e, STREET AND NUMBER		DALITI	101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
			210		C/.11 - D2	
	venue Apt 704:		0121	3		U.S.A
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2		WAS OECENOENT OF HISPAI If yes, specify Cuban, Maxico		or No- 14. R	ACE — American Indian, lack, Whita, atc.
1 Never Married 2 Amarried	IF YES, GIVE WAR OR DATES		1 YES 2 AND Specif			pecify:
3 Widowed 4 Divorced		ł				NEGRO
15. OECEDENT'S EOU		CEDENT'S USUAL C		16b. KIND OF BUS	INESS/INDUSTR	Υ
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ive kind of work done . Do NOT use retired.)	during most of working			
ciernantary/securioary (0-12)	College (14 6/ 5+)	Aman	naker			
		0111611		1		
17. FATHER'S NAME (First, Middle, Last)	P/ +-		16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
alluck J.	UnRisimo	5	LOB	may	17A500	L
19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING ADDRES	SS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Code,	) (
mrs Alvarta	Watkins	1221 B	msplst	21124	BAIL	in m
20a, METHOD OF DISPOSITION	200 50 400	OF DISPOSITION (A	lame of cemetery, crematory or	200 10	CATION — City o	Town Otato
1 Burial 2 Cremation 3 Ram			rame or cometery, crematory or	20c. LO	2 / S	r town, state
4 Donation 5 Other (Specify)	7//	1,1440	TURN CEN	7. 6	RIDI	Co my
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	22	NAME AND ADDRESS OF FA	CILITY S FU	JERM	Home
N/c -	1 0		103 GPT POT K	i HA	R	126 1.
Hasem o	+· EUSE	059	1222 W. N	or/ pHV	2,10 A1	10 mc 2/2/6
23. PART I. Enter the diseases, or o	complications that caused the de	ath. Do not ante	or the mode of dying, au	ch aa cardlac or reapi	reibry arreat,	Approximate
U shock, Dr haart fallure.	List only one cause on each line	h.			relory arreat,	Interval Between
shock, or heart fallure.  IMMEDIATE CAUSE (Final	List only one cause on each line	h.			relory arreat,	
U shock, Dr haart fallure.	List only one cause on each line  Mefa 142	hi ov	or the mode of dying, aud		relory arreat,	Interval Between
shock, Dr haart fallure.  IMMEDIATE CAUSE (Final disease or condition	a. DUE TO (OR AS A CONSE	QUENCE OF):	arian lanu	_	retory arreat,	Interval Between
/ shock, pr heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each line  Mefa 142	QUENCE OF):	arian lanu	_	retory arreat,	Interval Between
shock, Dr heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. DUE TO (OR AS A CONSE	hi OV: QUENCE OF: betructiv	arian lanu	_	retory arreat,	Interval Between
shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Due to (or as a conse	hi OV: QUENCE OF: betructiv	arian lanu	_	retory arreat,	Interval Between
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shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	B. DUE TO (OR AS A CONSE	ouence of:	arian lanu	_	retory arreat,	Interval Between
shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO (OR AS A CONSE	ouence of:	arian lanu	_	retory arreat,	Interval Between
shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS A CONSECT.  DUE TO (OR AS A CONSECT.  DUE TO (OR AS A CONSECT.  DUE TO (OR AS A CONSECT.	QUENCE OF):  OVER OF OUT OF OUT OF OUT OF OF OUT OUT OF OF OUT OUT OF OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT	arian lanu	132924		Interval Between Onset and Death
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shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS A CONSECT.  DUE TO (OR AS A CONSECT.  DUE TO (OR AS A CONSECT.  DUE TO (OR AS A CONSECT.	QUENCE OF):  OVER OF OUT OF OUT OF OUT OF OF OUT OUT OF OF OUT OUT OF OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT	arian lanu	)   d e e d e	AUTOPSY MED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS
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shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	B. DUE TO (OR AS A CONSECTION OF	QUENCE OF):  DETERMINE  OUENCE OF):  OUENCE OF):  Teaulting in the u	Inderlying cause given in  28. PLACE OF DEATH (CER: unsing Home 5 Desidence	Part I. 24a. WAS AN PERFOI 1 YES 2	AUTOPSY IMED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.



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31. DATE FILED MONTH,

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	1. DECEDENT'S NAME (First, Middle, Last)		E		CHINN	DEA		2. DATE	OF DEATH		1 0:0:1	3, TIME OF DEATH
	FRANK		E		OLLLIA			мою	5 34	**	1991	4:40 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	.,	IF UNDER 1 YEAR	HOURS	MIN.	(Mon	OF BIRTH		Coun	
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~	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN			EATH			NTY OF	
Ē	RIVERDALE APART	MENTS				Esse	X			BAI	JTIM	ORE
EC	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY LIMITS?
DIRECTOR	Md.	BAltimo	re			Esse	X					1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10	of. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
띨	17 Byway nor	th					212	221				USA
2	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDED	NT EVER IN U.S. AF	RMED NO					N7 (Specify Yes Rican, etc.)	or No-	Blac	CE — American Indian, ck, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		1 🗆 YE	8 2 NO	Speci	Vy:			Spe	White
	15. DECEDENT'S EDU		16a, DI	ECEDENT'S	USUAL OCCUPAT	ION		16	b. KIND OF BU	SINESS/INI	_	***************************************
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린	12th			Til	le Sett	er						
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S N	AME (First,	Middle, Maiden	Surname)		
BE (	David Franc	is Chin	n Sr.				Ro	seM	ary	Bake	er	
0	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street							
	David Chinn S			***	keofG1	_	este		-			
	20a, METHOD OF DISPOSITION 1 ☆ Burlel 2 ☐ Cremation 3 ☐ Rem	oval from State	of cemetary	, cremator	E OF DISPOSITION y or other place)			DA				Town, State
	4 Donation 8 Other (Specify)		-   Gard	lens	OfFaith	Com	ata	V 37 6	/1 /01	PO	C C 17	ille Md.
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	shock, or haert failure.	complications the	at caused the duse on each line	eath. Do	Cont	nell;	yFu	ACILITY  Nera	1HOME	300	MAC	eAve.2122
	shock, or haery failure.	complications the	at caused the duse on each lin	eath. Do	Cont	nell;	yFu	ACILITY  Nera	1HOME	300	MAC	eAve.2122
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATN 1. OECEOENT'S NAME (First, Middle, Last) 06 Deor 19 Mae 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 25 Virginia 5-09-1904 218 - 20 - 0674 1 - M 2 - F 9c. COUNTY OF DEATN Ba. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATN DIRECTOR Greater Laurel Beltsville Hospital Prince George Laurel RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard Laurel 1 - YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP COOE FUNERAL 10520 Scaggsville 20723 U.S.A. Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 
YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 16s. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16h KIND OF BUSINESS/INDUSTRY 15. OECEDENT'S EDUCATION (Specify only highest grade comple College (1-4 or 5+) Elementary/Secondary (0-12) 2 Years Housewife Home. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) George E. Walker Elizabeth Jones H notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19s. INFORMANT'S NAME (Type/Print) 1006 10th Street, Laurel, Maryland 20707 Joan Stevens 3 20c. LOCATION — City or Town, State 20a, METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must Meadowridge Memorial Park Dorsey, Maryland Donation & Other (Specify examiner 21. SIGNATURE OF FUNERAL SE 22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel. Maryland medical 23. PART I. Enter the disease ahock, or heart is or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between lure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final the disease or condition perture resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury or other that initiated events resulting in death) LAST Injury, 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 | YES 2 | 1000 OF DEATH? Shows 1 TES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26, PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER: Impatient 2 - ER/Outpatient 3 - DOA 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) o the 27. MANNER OF OEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 90 8 Could not be COMPLETED 4 Homicide 28 tem 29a. CERTIFIER (Check only one)

CERTIFIENG PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE BE 9 - M. N Si Sello 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Sued A. Sadia 14806 Fourth Street # 11-A Laurel, Maryland 20707 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE 1991 Davidson

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Pages 1, 2, 3 should

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21709 8248 1	□ M 2 1 5	77 YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	5	e OF BIRTH OCH		Mary	land
9a. FACILITY NAME (If not institution, give street  NERCY MEDICAL  RESIDENCE OF DECEMENT	CENTER			or Location of Di Ore City	HTA		N/A		EATH
Maryland 106. COUNTY N/A			timore						10d. INSIDE CITY LIMITS? 1 YES 2 NO
3433 Juneway				1. ZIP CODE 21213			U.S		THAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	2. WAS DECEDENT EVER II FORCES? 1 — YES IF YES, GIVE WAR DR D	2 X NO	If yes, sp	CENDENT OF HISPAI Becify Cuban, Maxica 3 2 NO Specif	n, Puerle	IN? (Specify Yea Rican, aic.)		14. RACE Black Speck Whit	
15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 6th Grade		16a. DECEDENT'S U (Give kind of wo life. Do NOT use Salespe	rk done during ma retired.)	ON ost of working		Silber			
17. FATHER'S NAME (First, Middle, Last)  Joseph Hejl				18. MOTHER'S NA Mary St	ME (First				
19a. INFORMANT'S NAME (Type/Print) Helen L. Kulis (dat	ughter)			nue, Balt					206
20g. METHOD OF DISPOSITION 14S Burlel 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	I from State	other place) Oly Redec	emer Ce	metery		Balt		e, M	aryland
21. SIGNATURE OF FUNERAL SERVICE LICENS  ** Kataleur Ji	. hund	4	John (	MD ADDRESS OF FA C. Miller Belair Ro	c, I cad,	nc. Baltin	ore,	Mar	yland 21206
23. PART-1. Enter the diseases, or come ahock, or heart feliure. Lies IMMEDIATE CAUSE (Final disease or condition resulting in death)	t Dnly one cause on a	We death. Do no not line.	t enter the mo	oda of dying, auc	h aa ca	rdiac or respi	ratory arm	est,	Approximata Interval Between Onset and Death
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DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the wedlical examiner must be notified at once.

1991

. DECEDENT'S NAME (First, Middle, Last)		- 0.	ERTIF	IOAIL	. 0, 5	LAII	•	2 DATE	REG. NO			3. TIME OF DEATN
John D. Delss								MONTH	nel, I	991	YEAR	3. TIME OF BEATH
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Etheridge 5. SEX

₩ M 2 | F

1. DECEDENT'S NAME (First, Middle, Last)

Kendall E: 4. SOCIAL SECURITY NUMBER 213-66-9571

1 - FOR STATE REGISTRAR

". DATE OF BIRTH
SOLD EN. 1914, 1954 CONTOR THOCAROLINA

3. TIME OF DEATH

2. DATE OF DEATH MONTH

œ						
ECTOR	9a. FACILITY NAME (If not institution, give atreet and number)  1008 Sumter Ave.		96. CITY, TOWN OR LOCATION OF DEA ROSedale		%c. COUNTY OF DEATH Baltimore	
DIRECT	MG. BAlt	imore 10c. c	CITY, TOWN OR LOCATION ROSedal	.e	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	100. STREET AND NUMBER 1008 Sumter Av	7e.	10f. ZIP CODE 21237	10g. CITI	ZEN OF WHAT COUNTRY? USA	
	1 Name Married 2 V Married FORG	DECEDENT EVER IN U.S. ARMED CES? 1 1 YES 2 1 NO ES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Maxican, 1  YES 2 NO Specify:	C ORIGIN? (Specify Yea or No—Puarto Rican, etc.)	14. RACE — American Indian, Black, White, etc. SpecWhite	
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College	(Give kind life. Do NOT	T'S USUAL OCCUPATION of work done during most of working T use retired.) MECHANIC	BALTO. GAS	S & ELECTRIC	
CON	17. FATHER'S NAME (First, Middle, Last) Malcolm Etheri			E (First, Middle, Malden Surname) Phipps		
2	19a. INFORMANT'S NAME (Type/Print) Mary Etheridge	19b. MAILI	ing Address (Street and Number or Rural Ro 008 Sumter Ave.	Baltimore	Md. 21237	
	20a. METHOD OF DISPOSITION 1	State of cometary cremat	ATE OF DISPOSITION (Name tory or other place)	DATE 20c. LOCATION -		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    Metro Crematory Inc. 6/2/91 BAltimore Md.   22. NAME AND ADDRESS OF FACILITY   Connelly Funeral Home 300 MAce Ave. 212					
CERTIFICATION	disease or condition resulting in desth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  S. CIRCHOTIS DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):					
CHILL	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE	E OF):			
: MEDICAL	CAUSE (Disease or injury that initiated events		ng in the underlying cause given in F	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	AMAILABLE PRIOR TO	
: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributions.  25 WAS CASE REFERRED TO MEDICAL KAMINER?	buting to deeth but not resulting to deeth but not resulting Trans	28. PLACE OF DEATH (Che	PERFORMED?  1 YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributed by the contributed by t	buting to deeth but not resulting to deeth but not resulting to the property of the property o	28. PLACE OF DEATH (Chera A   Moraling Home   St. Residence   TIME OF   NORK?   M   1   YES   2   NO	PERFORMED?  1 VES 2 NO  ck only one)  G Other (Specify)	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO	
ETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributions con	PITAL: a. DATE OF INJURY (Month, Dey, Year)  PLACE OF INJURY — At home, fan building, etc. (Specify)	28. PLACE OF DEATH (Chera A   Moraling Home   St. Residence   TIME OF   NORK?   M   1   YES   2   NO	PERFORMED?  1 VES 2 NO  Ck only one)  3 Other (Specify)  28d. DESCRIBE HOW INJURY OC  26f. LOCATION (Street and Number City or Town, State)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCURED  or or Rural Route Number,	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

3 6 YRS. MONTHS DAYS HOURS MIN.

4	1. DECEDENT'S NAME (First, M	Micirlia Last)			LITTI	ICALE	OF	DEAT		2. DATE OF I	EG. NO.		1	TIME OF DEATH
1	SOPHIE	,	mn)		FI	ULLER				MONTH 05	30	91	AR	:05 PM
	4. SOCIAL SECURITY NUMBER		5. SEX	B. AGE (In yrs. In		IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF E (Month, De	HTH	B. E	-	NCE (State or Foreig
17	219-14-2126		1 □ M 2 🏻 F	84_	YRS.	MONTHS	DAYS	HOURS	MIN.		7 1906		OLA	ND
- 7	9a. FACILITY NAME (If not instit					9b. CITY, T	TOWN O	R LOCATIO	N OF DEAT			9c. COUNTY	OF DEAT	н
ECTOR	NORTH ARUNDE	EL HO	SPITAL AS	SOCIATI	EON	GLI	EN I	BURNI	E			A	A. C	OUNTY
l m		10b. COUNT	γ		10c. CIT	Y, TOWN OR	LOCATI	ION					10	d. INSIDE CITY
E :	MD	ANNE	ARUNDEL		PA	ASADEN	NA						1[	☐ YES 2 NO
] ₹	10 STREET AND NUMBER						10f.	ZIP CODE				10g. CITIZEN	OF WHA	T COUNTRY?
UNERAL	2160 SPRING	GDALE							122			U.S.		
5	11. MARITAL STATUS 1 Never Married 2 M	larried		YES 2 V	RMED NO	- If y	yes, spe	cify Cubar	, Mexican,	ORIGIN? (S Puerto Ricar			Black, W	American Indian, hite, atc.
B	3 🔀 Widowed 4 🗌 Divorce	bed	IF YES, GIVE W	AR OR DATES		1[	☐ YES	2 X NO	Specify:				Specify:	WHITE
CD.	15. DECED (Specify only in	DENT'S EDU		16a. D	ECEDENT'S	USUAL OCC	CUPATIO	N et of workin	a	16b, KIN	D OF BUSIN	NESS/INDUST	RY	
E	Elementary/Secondary (0-12		College (1-4 or 5		e. Do NOT u	se retired.)	any noc	n or working	,					
COMP	7		NONE		HOM	EMAKEI	R				OWN H			
_	17. FATHER'S NAME (First, Mide	idle, Last)								E (First, Middl				
BE	JOH_JUGO  19a. INFORMANT'S NAME (Typ)	ne/Print)		I,	OF MAILING	ADDRESS /	(Street or		RIET'		UNKNO	WN) State, Zio Coo	de l	
2	The same of the sa							no Number	or nurei no	uw Number, C	any or lown,	State, Zip Cod	<del>(0</del> )	
TO BE	NORMA C. TI	ON		20b. PLAC		AS #		(Name		DATE	20c. LOCA	ATION — City	or Town.	State
	1 🖟 Buriel 2 🗆 Cremetion 4 🗆 Donation 5 🗆 Other (S		noval from Stata			y or other pla LAUS				16-3		IMORE		
	21. SIGNATURE OF FUNERAL	SERVICE U	CENSEE			22. N	AME AN		S OF FACE	LITY		ELICILE	,	
	1 1	How	the						-	RAL H		DIIDII		MD 2106
		-1		ise on each if	10.	1		. (	- y	1	or raspira	itory srrest,		interval Bet
z	iMMEDIATE CAUSE (Fine disesse or condition resulting in death)	el +	DOVE TO	certi	EQUENCE O	De	lon	r f	av	has	)	ntory smest,		interval Bet
ERTIFICATION	disesse or condition	ons, late	DUE TO	certi	EQUENCE O	He WM	low h	rf	av oct	Thy	)	nory sress.		interval Bet
AL CERTIFICATION	Sequentially list condition if sny, leading to immedicause. Enter UNDERCYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ons, late late la condition	b. OUE TO	OR AS A CONSI	EQUENCE O	He WAN	lon	r f	av pay	Thy	WAS AN A	UTOPSY	24b. WI	Jense Autorov rea
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PHYSICIAN: MEDICAL CERTIFIC	Sequentially list condition resulting in death)  Sequentially list condition if sny, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO EXAMINERY  1 VIS 2 NO  27. MANNER OF DEATH  1 Natural 5 P. Accident 2 Accident 3 Suitable 6 C. Accident 3 Suitable 6 C. Accident Check only  29a. CERTIFIER (Check only)	ons, late (G y ) I condition of the cond	b. OUE TO C. DUE TO d. DUE	GR AS A CONSI  (OR AS A CONSI	EQUENCE O	F):  In the und  OTHER:  Sirest, fector  red at the timest, in my open	Sertyling 26. PL 28c. PL WO 1 1 1 1	ACE OF DI	EATH (Chec stidence 6	tert 1. 24/    1	WAS AN AN PERFORM PERFORM VES 2 d	WHO PROPERTY OCCURS of Number or P	24b. WI AM COO 1 1 1 ED	WES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially flat condition resulting in death)  Sequentially flat condition if sny, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERENCE TO EXAMINERY 1 YES 2 NO  27. MANNER OF DEATH  A Religion 2 Accident 3 Builder 4 Hamicula 2 Accident 3 Builder 4 Hamicula 2 Accident 3 Builder 5 Gentlifier (Check only one) 2 MEDIC  30. NAME AND ADDRESS OF I	medical.  MEDICAL  ME	DUE TO  DUE TO  DUE TO  HOSPITAL: 1 Chepstant 2 28e. PLACE C building.  CICIAN: To the best of a	GR AS A CONSI  (OR AS A CONSI	EQUENCE OF THE STATE OF THE STA	ATHERIS STREET, Tector at the time on, in my op	Seriying 26. PL ing Home 28c. INJI WO 1 Injury, office	ACE OF DI	P G   P   P   P   P   P   P   P   P   P	tert 1. 24/ 1 ( ) Other (St. 284. DESCRI	a. WAS AN AN PERFORM  PERFORM  VES 2 d  DOCUMENT  ON (Street errors, Street)  a) and mann  d place, and	WHY OCCURE of Number or If there as stated, due to the co	24b. WI AM AM COO OF 1   I   I   I   I   I   I   I   I   I	Interval Bet Open and I Department of California and I Departm

CHARLES

1. DECEDENT'S NAME (First, Middle, Last)

FLETCHER

8:33

3. TIME OF DEATH

AM

2. DATE OF DEATH

**WONTH** 

3 PAY

199 T

FUNERAL DIRECTOR: vithin 72 hours after (

THE H

2 2 3

HOSPITAL

Pages 1, 2, 3 should

A SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 7/21/1936 DAYS HOURS Carolina 1 X M 2 | F 54 N. 241-48-5289 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LIBERTY MEDICAL CENTER BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10h COUNTY 10d. INSIDE CITY Maryland N/A Baltimore, Maryland XXYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 USA Callaway 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 190 IF YES, GIVE WAR OR DATES 3704 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify You or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri 1 Never Merried 2 X Merried Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Flementary/Secondary (0-12) College (1-4 or 8+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) EDMOND T. FLETCHER MYRTLE P. FLETCHER F BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MAE FLETCHER 3704 CALLOWAY AVE BALTIMORE, MD 21215 è 20s METHOD OF DISPOSITION
1 & Burlal 2 Cremation 3 Removal from State
4 Denation 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, Stels DATE must PROVIDENCE BAPT. CHURCH CEM. SHAWBORO, N.C. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leroy O. Dyett & Son Funeral Home 4600 Liberty Heights Avenue medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellipe. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final the TO SCIENT DUE TO (OR AS A CONSEQUENCE OF): disease or condition Manc resulting in death) event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Homa 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 95 8 Could not be COMPLETED 4 Homicide 28 Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE OCME 05-31-1991 2 AGSS OF PERSON-WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M 111 N. PENN STREET BALTIMORE, MARYLAND 21201 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 4 199

1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIENE REG. NO.		
1. OECEDENT'S NAME (First, Middle, Le JOSEPH FAULS					2. DATE OF OEATH DAY 0 6 01	9 1 YEAR	3. TIME OF OEATH 12:35 A
4. SOCIAL SECURITY NUMBER 216 03 2803	6. SEX 6. AGE (	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Mer)	8. BIRT	THPLACE (State or Foreign
9a. FACILITY NAME (If not institution, gi North Arunds	el Hospital		Glen E	OR LOCATION OF DE	ATH 9c	COUNTY OF	<del>реатн</del> ne Arundel
RESIDENCE OF DECEDENT  10e. STATE  10b. COL  An			town or Local				10d. INSIDE CITY LIMITS?  1 YES 2 XNO
100. STREET AND NUMBER 1676 Grandy	iew Road		10	M. ZIP CODE 21122	10	g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES		If yes, s	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes or Fin, Puarto Rican, atc.)	No- 14. RA	CE — American Indian, lock, White, etc.
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		16a. OECEOENT'S (Give kind of w life. Do NOT us	rork done durina m	ION oat of working	16b. KINO OF BUSINE	SS/INDUSTRY	
7th Grade  7. FATHER'S NAME (First, Middle, Last)		Bake	r		Bak		
					ME (First, Middle, Maiden Surn ta M. Hugh		
Joseph H. F	aulsticn	19b. MAILING	ADDRESS (Street		Route Number, City or Town, St		
Mr. Joseph H	. Faulstich	166	7 Gran	dview R	oad, Pasad	ena.	Md. 21122
28a METHOD OF DISPOSITION 1.5. Burlal 2 Cremation 3 5 4 Donation 5 Other (Specify)	Removal from State of	b. PLACE AND DATE cemetary, crematory	OF DISPOSITIO	N (Name	DATE 20c. LOCATI	ION — City or	
James F		<i>3</i> .	22. NAME /	AND ADDRESS OF FA		y Fun	eral Home
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Carella	A CONSEQUENCE OF	is to	Syne De Ed	Dane.	Disc	
PART II. Other aignificant condi	tions contributing to death to	out not resulting	In the underlying cause given in Part i. 24a. WA PEI			D?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
		,		140 = 1			
25. WAS CASE REFERRED TO MEDICA EXAMINER?			26. OTHER:	PLACE OF DEATH (C)	eck only one)		
1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out		4 - Nursing Ho	me 5 🗆 Residence			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigat			M 1	JURY AT PORK? YES 2 NO	28d. OESCRIBE HOW INJU		
3 Suicide 8 Could no 4 Homicide determine		T — AT Nome, farm, :	sureet, factory, off	NC III	28f. LOCATION (Street and City or Town, State)	number or Run	m noute Number,
CONSTRUCTION OF THE PROPERTY O	HYSICIAN: To the best of my know MINER: On the bests of axamination						e(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERT	w)	PATIL STEPS OF CO.	Original	29c. LICENSE NU	256 21	d. DATE SIGN	2/9/
Jorge M. Ran	nirez, M.D.,	7845 0		Road #	205, Glen	Burni	ie, MD2106
61. DATE FILED (Month, Day, Year)	12. REGISTHAR'S SIGN	hande 92					

BALTIMORE, MARYEAND 21215-0020	ing the hospital or attending physician.	detached for use as the burial-tran	office of once.
BALTIMORE, N	nours after death. Page 6 may be-	lled in by the funeral director, page on, or removal,	e medical examiner must be m
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may security to be hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page as the burial-tran within 72 hours after death with the State Dept, of Health and Memtal Hyglene prior to burial, cremation, or removal.	TANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be normed of once.

BALTIMORE, MARYEAND 21215-0020

permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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COMPLET

BE

2

FUNERAL within 72 I IMPORTANT: II

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223

FOR STATE REGISTRAR

1 -

1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 2, 1991 EAR JUNE JOHN LARRY FRITZ. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DEC. 8, 1911 MARYLAND X M 2 D F HOURS 215-03-8734 79 9a. FACILITY NAME (If not institution, give street and number)
4158 HOLLINS FERRY ROAD 9c. COUNTY OF DEATH SH CITY TOWN OR LOCATION OF DEATH BALTIMORE COUNTY BALTIMORE RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a, STATE MARYLAND BALTIMORE BALTIMORE 10g. CITIZEN OF WNAT COUNTRY 10e. STREET AND NUMBER 10f. ZIP CODE 4158 HOLLINS FERRY ROAD 21227 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/ NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, stc. If yes, specify Cuban, Maxican, Puarto Rican, stc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 Never Married 2 Married Specify: WHITE 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION

173hm kind of work done during most of working 15. DECEDENT'S EDUCATION 16h, KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) MOLD MAKER **GLASS INDUSTRY** 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) LILLIAM CHARLES FRITZ, SR. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SAME AS 10 a-f MR. MICHAEL FRITZ 20a. METHOD OF DISPOSITION

X Display 2 Comments 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE BALTIMORE, MARYLAND CEDAR MILL CEMETERY 6-6-91 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCULLY FUNERAL HOME OF BROOKLYN PATAPSCO AVE RALTIMORE 23. PART J. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory street, shock, or haert failure. List only one cause on each line. Interval Between POSSIBLE MYOCARDIAL INFARCTION IMMEDIATE CAUSE (Final MYOUARAIN ONIME INPARCTION disesse or condition resulting in death) CARDIAC ARRYTHMIA Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE) (ASCVD) CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 | YES 2 | NO 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investige 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITUE OF ENTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3530 No O COMPLETED LAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADD 392 32. REGISTRAR'S SIGNATURE 199 ia Davidson-Randelle 04

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A DESCRIPTION AND ADDRESS OF THE ADD												
1. DECEDENT'S NAME (First, Middle, Last)	CD ACT			150			2	MONTH	HTA3	14	w LR	3. TIME OF DEATH
	GRACE	S.	FOX						30		1991	
4. SOCIAL SECURITY NUMBER		AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 H	IRS. /	(Month, De	(RTH (, Year)		8. BIRT	HPLACE (State or Foreign try)
212-74-1934	1 □ M 2 🔀 F	98	YRS.	MONTHS	DMI	noons m	N	IOV. 2		392	MAI	RYLAND
9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY,	, TOWN	OR LOCATION	_				JNTY OF	
ANNAPOLIS CONVAL	ESCENT CEN	TER		ANN	APOI	LTS				ANNI	E ADI	INDEL.
RESIDENCE OF DECEDENT	EDGERT, GER	LUIK		11111	111 ()	-				ANI	L AK	DNDEL
10e. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN C	OR LOCAT	TION						10d. INSIDE CITY
MADAT AND	TADD					7.13						LIMITS?
	WARD		EL	LICO	_							1 TES 2 NO
10e. STREET AND NUMBER					10	f. ZIP CODE				10g. Cl	TIZEN OF	WHAT COUNTRY?
3602 Mac ALPINE	ROAD					21043					U.S.	Α.
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. A	RMED	13. 1	WAS DEC	ENDENT OF H	IISPANIC	ORIGIN? (S	pecify Yes	or No-	14. RAC	E — American Indian,
1 Never Married 2 Merried	FORCES? 1		NO	1	If yes, sp	ecify Cuban, N	lexican, i				Blac	ck, White, atc.
3 Widowed 4 Divorced	IF YES, GIYE WAR	OR DATES		'	1   YES	2 X NO 3	Specify:				Spec	WHITE
	1	-						_			1	MULIE
15. DECEDENT'S EDU (Specify only highest grade)		16a. D	ECEDENT'S Give kind of	Work done	CCUPATION MICE	ON set of working		16b. KIN	D OF BUS	BINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)											
12		НО	MEMAK	ER					OWN	HOM	Ε	
17. FATHER'S NAME (First, Middle, Last)				_:		18. MOTHER	'S NAME	(First, Middl	s, Maiden	Sumamel		
WILLIAM SCHAEFE	2							DAVUI				
19a, INFORMANT'S NAME (Type/Print)						end Number or i						
JOSEPH FOX (S	SON)		3602	Mac .	ALP:	INE ROA	AD, E	LLICO	TT (	CITY	, MAI	RYLAND 210
20a. METHOD OF DISPOSITION 12 Burlet 2 Cremetion 3 Ren		20b. PLAC	E ANO OAT	E OF DISP	OSITION	(Name		DATE	20c. LO	CATION -	- City or T	own, State
1/1 Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	of cemetar	y, crematory	or other p	olace)	TOTAL		10 101				TY, MARYLA
21. SIGNATURE OF FUNERAL SERVICE LI	OFWORE .	1 21.	JOHN'			ND ADDRESS		3/91	LILI	1100.	11 0.	LII, MAKILA
21. SIGNATURE OF FUNERAL SERVICE D	CENSEE	-11	/	T.F.	DUA.	M & I	DITCC	ETT C	T.J.T	ושקעו	מווש ש	NERAL HOME
	/. 1 -	1/	1									LE, MD. 2122
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ahock, or heert failuré.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one cause	on each lin	ole C	for enter	the mo	ode of dying	, auch a	aa cardiac	or reapi	iratory a	rreat,	Approximata interval Betw
shock, or heert falluré.  IMMEDIATE CAUSE (Final disease or condition	DUE TO (OF	on each lin	EOUENCE O	Section of the sectio	the mo	ode of dying	, auch a	aa cardiac	or reap	iratory a	rreat,	Approximata interval Betw
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH D	W Q   YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  WONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Hear)	8, B	IRTHPLACE (State or Foreign ountry)
ОВ	98. FACILITY NAME (If not institution, give street and number)  Mency Medical Cente Baltimore	DEATH MD	9c. COUNTY C	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY
	10e. STREET AND NUMBER  10f. ZIP CODE  10f. ZIP CODE		, ,	1 YES 2 □ NO  OF WHAT COUNTRY?
FUNERAL	11. MAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISP		or No- 14. F	RACE — American Indian, Black, White, etc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Spec	tty:		specify: Black
COMPLETED	15. DECEDENT'S EQUICATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8 +)  JANITOKAL  EN 19 NG  AN 10 KALL  COUPATION  (Give kind of work done during most of working life. Do NOT use retired.)  JANITOKAL  EN 19 NG	16b. KIND OF BU		PST Elestre
		AME (First, Middle, Maiden		
TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Ryra	I Route Number, City or Tow	rn, State, Zip Code	n / n / n = ==
	20a. METHOD OF DISPOSITION  15 Burlel 2 Cremetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cagmatory or other place)	3 3	CATION - City	or Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF	4 6/4/9 NO	ר אוריי	Det 10
_	Joseph b . Locks . I locks Firm	eral Home 1	3041	· Central Co
	23. PART 7. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, su shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  BUE TO (OR AS A CONSEQUENCE OF):			Approximate Interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. OND TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.			
DICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given from Vice	Part I. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (	Check only one)		
Sici	EXAMINER?  1 VES 2 NO  HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	ED
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)	281. LOCATION (Street City or Town, State		ural Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and death occurred at the time, data and death occu			use(s) and menner as stated.
BE	29b. SIGNATURE AND TAILE OF CERTIFIER 29c. LICENSE N	UMBER	29d. DATE SIG	SNED (Month, Dly, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Men Down Men Men Men Men Men Men Men Men Men Me	enter		
	31. DATE FILED (MONTH, Day, Your)  32. REGISTRAR'S SIGNATURE  Subject to the state of the state	01000	- 11-11-17	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1991

REGISTRAR	STATE OF MARYLA	CERTIFIC			MENIAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	. 'WITTOKED	HAZEL · G	AGUSKI		2. DATE OF MONTH	DEATH DAY	YEAR 91	3. TIME OF DEATH 9:25 A	
4. SOCIAL SECURITY NUMBER	5. SEX 6. WSE (III		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	Day, Year)	8. BIRT Coun	HPLACE (State or Foreign try)	
9a. FACILITY NAME (If not institution, give	,		b CITY TOWN O	R LOCATION OF DE	3-/	8-20	COUNTY OF	M D	
St Joseph Hospi			rowson				Balto		
RESIDENCE OF DECEDENT  10a. STATE  10b. COUR	ITY	10c CITY T	TOWN OR LOCAT	ION				10d. INSIDE CITY	
MD	Baltimore C	100						LIMITS?	
10e. STREET AND NUMBER	24101010 0	<u> </u>	101	ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?	
7714 Middlesex	Place			21234			USA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	RITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES GIVE WAS OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1  YES 2 NO Specify:			Yea or No— 14. RACE — American Indian, Black, White, etc. Specify:		
15. DECEDENT'S E	NICATION I	no				10	1	White	
(Specify only highest gra	ide completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo.	n st of working	16b, K	IND OF BUSINESS	INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		ired			homem	aker		
17. FATHER'S NAME (First, Middle, Lest)		1,00		18. MOTHER'S NA	ME (First, Mic	Idle, Malden Surnan			
Howard N.	Gover			Elsie I			,		
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street a	nd Number or Rural			, Zip Code)		
Richard Gaguski	Son	8519 г	rumwood	Road,	Balt	imore, N	1D 212	04	
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	206	PLACE AND DATE Of the metary, crematory or	F DISPOSITION		DATE	20c. LOCATION			
21. BIGNATURE OF PUNICIAL SERVICE	LICENSEE COMALD WA	ide, Dir		Baltimo	S	taté Ana	_		
23. PART. Enter the disease, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. List only one ceuse on ea	ch line.		(PNC)				Approximate Interval Between Onset and De	
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	C	CONSEQUENCE OF):							
resulting in death) LAST	d			1	h.				
	iona contributing to death be	ut not resulting in	the underlying	g cause given in	Part I.	24a. WAS AN AUTOI PERFORMED?		b. WERE AUTOPSY FINDIN	
PART II. Other algorificant condit					=	1 TYES 2 NO	0	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
Resol Jailin	<u> </u>		26 DI	ACE OF DEATH (C)	-	6	0	COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)	heck only one)		0	COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending	HOSPITAL:  1/Supetient 2 ER/Outp  28a. DATE OF INJURY (Month, Dey, Year)		OTHER:  Nursing Horr OF 28c. INJ	e 5 Residence URY AT	neck only one)			COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	HOSPITAL:  1/Suppetient 2 = ER/Outp  28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY building, etc. (Spec	28b. TIME (INJUR	OF 28c, INJ M 1	e 5 Residenca URY AT PRK? YES 2 NO	8 Other 28d, DESC	(Specify)	OCCURED	COMPLETION OF CAUSO OF DEATH?  1 YES: 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 2 Accident 3 Suicide 6 Could not datermined  29a. CERTIFIER (Check only)	HOSPITAL:  1/Suppetient 2 = ER/Outp  28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY building, etc. (Spec	28b. TIME (INJUR  At home, farm, strilling)	OTHER:    Nursing Hom OF	URY AT REST NO 2 NO and place, and dur	8 Other 28d, DESC	(Specify)  RIBE HOW INJURY  FION (Street and Nu  Town, State)  e(a) and manner as	r OCCURED	COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO  // Route Number,	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  2 Accident 3 Suicide 6 Could not datermined datermined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER OF CERTIFICAL EXAMINER AND TITLE OF CERTIFICAL EXAMINER AND TITLE OF CERTIFICAL EXAMINER AND TITLE OF CERTIFICAL EXAMINER AND TITLE OF CERTIFICAL EXAMINER AND TITLE OF CERTIFICAL EXAMINER AND TITLE OF CERTIFICAL EXAMINER AND TITLE OF CERTIFICAL EXAMINER AND TITLE OF CERTIFICAL EXAMINER AND TITLE OF CERTIFICATION	HOSPITAL:  1/Supetient 2 = ER/Outp  28a. DATE OF INJURY (Month, Dey. Year)  28a. PLACE OF INJURY building, etc. (Spec  YSICIAN: To the best of my knowl INER: On the bests of axamination	attent 3 DOA 4  28b. TiME (INJUF  At home, farm, struity)  edge, death occurred in and/or investigation,	OTHER:  Nursing Hom  Nursing Hom  Price 1 28c. INJ.  Nursing Hom  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	URY AT REST NO 2 NO and place, and dur	8 Other is 28d. DESC City or a to the cause a time, date a	(Specify)  RIBE HOW INJURY  FION (Street and Nu Town, State)  (a) and menner as and place, and dua	r OCCURED imber or Rura s stated.	COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  I Route Number,  (a) and menner as stated (b) (ii) And menner as stated	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1/Suppetient 2 = ER/Outp  28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY building, etc. (Special Special ttent 3 DOA 4  28b. TiME (INJUF  At home, farm, struity)  edge, death occurred in and/or investigation,	OTHER:  Nursing Hom OF OF M 1   eet, factory, offic at the Ilme, data in my opinion, c	URY AT PKS 2 NO and place, and dur leath occured at the	a to the cause a time, date a	Specify)  RIBE HOW INJURY  FION (Street and Nurown, State)  e(a) and manner and place, and dua  29d.	OCCURED  Imber or Furn  s stated.  Io the cause  DATE SIGNII	COMPLETION OF CAU OF DEATH?  1 YES 2 NO  // Route Number,  (a) and menner as state (b) (Month, Day, Year)		

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N: T	icate	State
SICIAL	certif	the
PHY	this	with
DING	After	death
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O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physical	house
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HOSE	FUNE	within
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	st, Middle, Last)								TE OF DEATH	AY	YEAR	3. TIME OF DEATH
ANN LI	SA	GOODALE						0		ت	91	2:30
4. SOCIAL SECURITY NUM	IBER	6. SEX	6. AGE (In yrs. ia	est birthday)	IF UNDER 1 YE		R 24 HRS.		TE OF BIRTH onth, Day, Year)		6. BIRTI	HPLACE (State or Foreign
214-46-2459		1 - M 2 - F	77	YRS.	MONTHS UA	HOUNS	Mire.	09		913		YORK
9a. FACILITY NAME (If not		9b. CITY, TO	WN OR LOCAT	TON OF D	EATH		9c. COL	INTY OF	DEATH			
HARBOR HOSPITAL						BALTIMORE NONE						
RESIDENCE OF DE	10c, CIT	Y, TOWN OR L	TOWN OR LOCATION 10d. INSIDE CIT					10d. INSIDE CITY				
MD	ANINI	E ARUNDEI			TINE TO STATE OF THE STATE OF T					LIMITS?		
10e. STREET AND NUMBER		E ARONDEI		1 GLI	N DOK	101. ZIP COI	DE			10g. CI	TIZEN OF	WHAT COUNTRY?
721 COTTER	ROAD					2106	0			,	U.S.	Δ
11. MARITAL STATUS	KOND	12. WAS DECEDER	NT EVER IN U.S. A	RMED		DECENDENT	OF HISPA		GIN? (Specify Ve		14. RAC	E — American Indian,
1 Never Married 2			1 YES 2 🔀	NO		s, specify Cut YES 2 X NO			to Rican, etc.)		Spec	
3 🔀 Widowed 4 🗌 Div	rorced											WHITE
	CEDENT'S ED		- (0	Give kind of	USUAL OCCU	PATION g most of work	dng	1	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5		e. Do NOT u	se retired.)		2.0			** 01		
12	101401	none		HON	1EMAKEI				OWN			
17. FATHER'S NAME (First,									st, Middle, Malden	Surname)		
THEODORE EX			1	0b 14641 414	ADDRESS (S)		NA H		RMAN lumber, City or Tow	on China	To Co to	
						ee and Numb	or or Murel	NOUTH N	umber, City or low	rri, attitili, Z	# (-000)	
ANNE GRAVEL					AS 10	TION (Name			ATE 20c. LC	CATION	City or T	own, Stata
1 Donation 6 Other	tion 3 🗆 Rai	moval from Stata	of cemetar	y. crematory	or other place	)		1				
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	genn				1 3	SECOND	AVE	. S		N BU		, MD 2106
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BOLTIMORE

14DHOVER

PD 21230

	FORS	TATE OF MARYLAND /	DEPARTME	NT OF HEA	LTH AND M	ENTAL HYGI	NE		710
	1 - STATE REGISTRAR	CE	RTIFICA	TE OF DI	EATH	REG.			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			IME OF DEATH
	MARGARET R	. GROSS				MONTH 06	DAY 01 &	EAR S	1:55 PM
	4. SOCIAL SECURITY NUMBER 5. S	EX 6. AGE (In yrs. les	t birthday) IF UN	DER 1 YEAR   IF	UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLA	CE (State or Foreign
		M2 PF 74	YRS. MONTI		URS MIN.	2/2/19		Country) Mary	
SR	Barbor Hospital	Center		alto.C			9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT								
R	10a. STATE 10b. COUNTY		507	N OR LOCATION				10d	. INSIDE CITY LIMITS?
□	Maryland		Ba	lto.Ci				22	YES 2 NO
FUNERAL	1411 S.Charles	St.		101. ZIP	2123	0	10g. CITIZE	USA	COUNTRY?
3	11 MARITAL STATUS	WAS DECEDENT EVER IN U.S. AR	MED	13. WAS DECEND		C ORIGIN? (Specify	Yes or No- 14	RACE -	American Indian,
BY	1 Never Married	FORCES? 1 TYES 2 FIF YES, GIVE WAR OR DATES	10		Cuben, Mexican, XNO Specify:	, Puerto Rican, etc.		Specify: Wh	
0	15. DECEDENT'S EDUCATIO	N 16a. DE	CEDENT'S USUA	L OCCUPATION	tay-	16b. KIND OF	BUSINESS/INDUS		
COMPLETED	(Specify only highest grade comp	(O life.	ive kind of work do . Do NOT use retire	one during most of od.)	working				
P	8th.Grade -		Accoun	nting 1	Dept.	De	ot.M.V		
N	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Mai		•	
BE C	Wi1		ey		Rose		Lin		
OT	19a. INFORMANT'S NAME (Type/Print)		b. MAILINO ADDE	ESS (Street and N	lumber or Rural Ro	oute Number, City or			
F	Mr.George L.Gros	s 1	411 S	.Charle	es St.	Balto.	id. 21:	230	
	20e. METHOD OF DISPOSITION  XIXBuriel 2 Cremation 3 Removal	20b. PLACE	AND DATE OF D	ISPOSITION (Na	me	DATE 20c	LOCATION — CH	y or Town,	State
	4 Donation 6 Other (Specify)	Balti	more	Vationa	al Cem	t. Ba	lto.C:	tv.	44.
	21. SIGNATURE OF FUNERAL SERVICE LICENSE			22. NAME AND A			alto.N		
	Daniel .	a. 1/ans	lor	McCu1	ly Fun				Fort AVe
	23. PART I. Enter the diseeses, or comp			iter the mode	of dying, such	ss cerdisc or re	spiratory srres	t,	Approximate
	shock, or heert fellure. List IMMEDIATE CAUSE (Finel	only one cause on each line							interval Between
	disesse or condition								Onset and Death
		and stan	, lu	n de	- 1- 10				Onset and Death
	resulting in deeth) e	DUE TO (OR AS A CONSE	QUENCE OF):	ny di	elase	<u></u>			Onset and Death
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NO	resulting in deeth) e  Sequentially list conditions,	DUE TO (OR AS A CONSE	len o	ng de	uase Inni				Onset and Death
ATION	reculting in deeth)  e  Sequentially list conditions, if any, leading to immediate	hentra	len o	ng de	Lase				Onset and Death
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE	OUENCE OF):	de underlying ce	Local Transfer of the State of	29rt I.   24e, Wei	S AN AUTOPSY	24b. WE	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST  PART II. Other significant conditions conditions conditions.	DUE TO (OR AS A CONSE	OUENCE OF):	du du du du du du du du du du du du du d	June given in F		AN AUTOPSY FORMED?	AWA	RE AUTOPSY FINDINGS
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PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST  PART II. Other significent conditions continued to the conditions of the	DUE TO (OR AS A CONSE	OUENCE OF):  Close OUENCE OF):  resulting in the	26. PLACE HER: Nursing Home 5 28c. INJURY WORK?	E OF DEATH (Choo	ck only one)	FORMED?	COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETTON OF CAUSE DEATH?
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST  PART II. Other significent conditions continued to the conditions of the	DUE TO (OR AS A CONSE	OUENCE OF):  resulting in the	26. PLACE HER: Nursing Home 5 28c. INJURY WORK? 1  YES	E OF DEATH (Chools   Residence (CAT   2   NO	ck only one)	FORMED?  \$ 2   NO  OW INJURY OCCU	AM COO	RE AUTOPSY FINDINGS  MABLE PRIOR TO  MELETION OF CAUSE  DEATH?  YES 2 NO
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions cond	DUE TO (OR AS A CONSE	OUENCE OF):  Close OUENCE OF):  resulting in the OUENCE OF):  D DOA 4   OUENCE OF):  28b. TIME OF INJURY  Dome, farm, street,	28. PLACE HER: Nursing Home 5 28. INJURY WORK? 1  YES factory, office	OF DEATH (Check of Residence (AT 2 NO	Ck only one)  B Other (Specify)  28d. Describe He  28f. LOCATION (St City or Rown, S	FORMED?  S 2 NO  OW INJURY OCCU	AMCOOPT 1 [	RE AUTOPSY FINDINGS  MABLE PRIOR TO  MELETION OF CAUSE  DEATH?  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other significant conditions cond	DUE TO (OR AS A CONSE	OUENCE OF):  COUENCE OF):  Tresulting in the  OUENCE OF):	26. PLACE HER: Nursing Home 5 28c. INJURY WORK? 1  YES factory, office	E OF DEATH (Chos	Ck only one)  B Other (Specify)  28d. DESCRIBE H  28f. LOCATION (St City or Rown, S	FORMED?  S 2 NO  W INJURY OCCU  meet and Number of	AMICO OP 1 [	RE AUTOPSY FINDINGS MAPLE PRIOR TO MAPLETION OF CAUSE DEATH? YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other significant conditions cond	DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  OR TO THE TO THE TOTAL TO T	OUENCE OF):  COUENCE OF):  Tresulting in the  OUENCE OF):	26. PLACE HER:  26. INJURY WORK? 1 _ YES factory, office	F OF DEATH (Chee	ck only one)  B Other (Specify)  28d. DESCRIBE Ho  28f. LOCATION (St City or Rown, S  to the cause(s) and	FORMED?  S 2 NO  NO INJURY OCCU  set and Number of tate)  manner as stated, and due to the	RED  Aural Route  L. cause(e) an	RE AUTOPSY FINDINGS ILLABLE PRIOR TO WHELTION OF CAUSE DEATH?  YES 2 NO  Number,  d manner as stated.
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions cond	DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  OR AS A CONS	OUENCE OF):  COUENCE OF):  Tresulting in the  OUENCE OF):	26. PLACE HER:  26. INJURY WORK? 1 _ YES factory, office	E OF DEATH (Chos	ck only one)  B Other (Specify)  28d. DESCRIBE Ho  28f. LOCATION (St City or Rown, S  to the cause(s) and	FORMED?  S 2 NO  NO INJURY OCCU  set and Number of tate)  manner as states, and due to the  29d. DATE:	RED  Aural Route  L. cause(e) an	RE AUTOPSY FINDINGS ILLABLE PRIOR TO WRILETION OF CAUSE DEATH?  YES 2 NO Number,  Number,  d manner as stated.

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
who Davidson-Randalle

BALTIMORE

21230

MD

31. DATE FILED (MONTH, DOY, 1991)
JUN 1991

DHMH-18 Rev 1/89

1 -

_	afte
	hours
	2
50,	within
K 687	executed
8	20
.O. BC	certificate
ν. T	death
	the
2	that
REC	requires
_	WE
A	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
NOISIN	ATTENDING
5	OR
	4

220-27-9432 1 1 🛛 M 2 🗌 F YRS. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF GEATH DIRECTOR FRANKLIN SQUARE HOSPITAL ROSSVILLE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BAltimore Middle River Md. FUNERAL 10e, STREET AND NUMBER 10f. ZIP COOE 21220 7130 Graces Quarters Road Page 6 may be retained by the hospital or attending physician al director, page 5 should be detached for use as the burial-trail 11. MARITAL STATUS 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES B NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) ======= once. 17. FATHER'S NAME (First, Middle, Last) Donald Godack 7 BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 2 Donald & Laura Godack Pe 29s. METHOD OF DISPOSITION

A Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name must HollyHillCemetery 6/1/91 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY n by the f medical 6 IMMEDIATE CAUSE (Final in and completely fille to burial, cremation, # disesse or condition DROWNING resulting in deeth) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior t CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL been signed by or, of Health and shows amy Ir PHYSICIAN: Dept. t certificate h. h the State D. or Item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Nome 8 - Residence 8 - Other (Specify) 27. WAYNER OF DEATH 28a. DATE OF ALJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT of this ce 1 Natural 5 Pending investigation 29 1991 5:10PM 1 YES 2 TINO BY 2 Accident After 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 69 3 Suicide 8 Could not be DIRECTOR: A hours after of Item 28 is COMPLETED 4 Homicide SWIMMING POOL-7130 GRACES QUARTERS TO THE HOSPITAL OF THE FUNERAL DID BE filed within 72 hr (Check only one) MEDICAL EXAMINER: On the 29c. LICENSE NUMBER OCME 2

2883 FOR STATE REGISTRAR CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 1 TIME OF DEATH MONTH 05 1991 29 10:50 P GODACK 4. SOCIAL SECURITY NUMBER a. BIRTHPLACE (State or Foreign O County) aryland 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTN IF UNDER 24 HRS. March 26, 1990 9c. COUNTY OF DEATH BALTIMORE 10d. INSIDE CITY 1 YES 24 NO 10g. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: White 16. MOTHER'S NAME (First, Middle, Melden Surname)
Laura Stefan 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
7130 GracesQuaretersRoadBaltimore Md.2122 20c. LOCATION - City or Town, State Baltimore MD. ConnellyFuneralHome300MAceAve.21221 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such se cerdiac or respiratory errest, shock, or head feilure. List only one cause on each line. Interval Between Onset end Death 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 | NO 1 YES 2 NO 28d. DEŞCRIBE NOW INJURY OCCURED DROWNING 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ROSSVILLE-BALTIMORE COUNTY 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end menner as stated restigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 05 30 1991 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GOLLE 111 PENN STREET BALTIMORE, MARYLAND 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
Gulia Devidson Randalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JUN

DHMH-18 Rev 1/89

1 - FOR STATE REGISTRAR

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		1. DECEDENT'S NAME (First, Mic	dde, Lest) Iowa	(-	PANE			2. DATE OF DEATH MONTH	ž a	SAR 3. TIME OF DEATH
pin		4. SOCIAL SECURITY NUMBER 577-18-22  98. FACILITY NAME (If not institute)	226 5. SEX	8. AGE (In yr	/ YAS.	F UNDER 1 YEAR	8 HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	97	SHRTHPLACE (State or Foreign Country) Virginia
, 2, 3 should	TOR	Meridian Lo	och Raven	Nursi			n or Location of Di Baltimore	EAIT!	9c. COUNTY N/A	OF DEATH
permit. Pages 1,	DIRECTOR	10e. STATE 10	Ann Arundel			TOWN OR LO Baltin				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 [1] ND
75	FUNERAL	629 Dougla	s St.				10f. ZIP CODE 21225		U.S.	A.
03-3146 attending physician. se as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Mar 3 Wildowed 4 Divorced	IF YES, GIVE	ENT EVER IN U.S 1 YES 2 E WAR OR DATES	X NO	If yes,	DECENDENT OF HISPAI , specify Cuban, Maxica YES 2 XNO Specific		s or No 14	RACE — American Indian, Black, Whita, etc. Specify: White
rLAND 212 by the hospital or be detached for us at once.	COMPLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12)	college (1-4 or	5+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kile. Do NOT use relied.)  Legal Secretary			U. S. De	f Transportatio	
	ш	Allos Dickerson Goad Eliza R. Quesenberry								
MARY be retained ge 5 should a notified	TO 8	19a. INFORMANT'S NAME (Type/ Frank Goad	Print)					Aoute Number, City or Tow Limore, MD		
IORE, I se 6 may be rector, page rmust be		20a. METHOD OF DISPOSITION  1\times Burlail 2 \( \text{Cremation} \) 3 \( \text{Ramoval from State} \)  4 \( \text{Donation} \) 5 \( \text{Other (Specify)} \)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)} \)  NOTTISVILLE CEMETERY  White Hall, Mc								
BALTIMORE safer death. Page 6 may y the funeral director, proval. cal examiner must 1		21. SIGNATURE OF FUNERAL SE	ich de	Konh	aus)		Hartenste Main St		ry, In	c. Pa. 17363
P.O. BOX 13146, asther certificate be executed within the substitution of physician and completely filled in by the tall Hyglene prior to burial, cremation, or remove, or other traumatic event, the medical	CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	TO (OR AS A CO	ONSEQUENCE OF):	ер	ŞiB			interval Batween Onset and Death
LICKEDS,  Lifes that the de m signed by the a Health and Men	MEDICAL	PART II. Other algnificant	not resulting in	ot resulting in the underlying cause given in Part			NAUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
The law offer flee by othe Dept.	HYSICIAN:	25. WAS CASE REFERRED TO M EXAMINER?	HOSPITAL:		1	20 OTHER:	3. PLACE OF DEATH (C)	neck only one)		
OF VI	0	1  YES 2  NO  27. MANNER OF DEATH  1  Netural 8  Pen	1   Inpetient :			OF 28c.	Home 8 Rasidence INJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUI	RED
W	тер ву	3 Suicide 6 Cou	28e. PLAC	E OF INJURY — ng, etc. (Specify)	At home, farm, str	eet, factory, o	office	281. LOCATION (Street City or Town, State		Rural Route Number,
DIV HOSPITAL OR FUNESAL DIPI WITH 72 HOURT TANT, IT Ithm	COMPLET	one)	ING PHYSICIAN: To the best							csuse(a) and menner as stated.
TO THE HOSPIT TO THE FUNER De filed within?	O BE	296. SIGNATURE AND TITLE OF	Trif	me	men	i	D30	6661	29d. DATE S	27 or
12		SIREEST	ERSON WHO COMPLETED C	URA	(ITEM 27) (TVD8, F	Vipt)	8720	ted ge	210	234.
		MAY 04 199		dson-Ran						11.1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Harris Topic

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

1 -

1 - STATE REGISTRAR		CENTIL	ICATE OF	DEATH	REG. NO	J.				
1. DECEDENT'S NAME (First, Middle, Last) PFARI F					2. DATE OF DEATH	DAY O 1	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		RTHPLACE (State or Foreign nuntry)			
Sa. FACILITY NAME (If not institution, give					EATH	9c. COUNTY O				
1112.0200	īΥ	100					10d. INSIDE CITY LIMITS?			
10e. STREET AND NUMBER	FORD STR			H. ZIP CODE		10g. CITIZEN C	1 X YES 2 □ NO DE WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED YES 2 X NO	If yes, s	pecify Cuban, Maxica	n, Puerto Rican, atc.)	9.6	ACE — American Indian, Black, While, etc. Specify: BLACK			
		(Give kind of life, Do NOT u	work done during m se retired.)	ION lost of working	16b. KIND OF B	USINESS/INDUSTR				
17. FATHER'S NAME (First, Middle, Last) ROBERT FORD	)	THE				on Surname)				
190. INFORMANT'S NAME (Type/Print) REBECCA HIL	. L									
4 Donation 5 Other (Specify)		20b. PLACE AND DAT	E OF DISPOSITION	N (Name TERY	DATE 20c. L	OCATION — City o	or Town, State			
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Tru				101 E.	NORTH AVE			
shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Due TO (OI	on each line.  dio pulue  R AS A CONSEQUENCE O  Stale P	mary property	Allest			Approximate Interval Betwee Onset and De			
Sequentienty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Dray	RASA CONSEQUENCE	e litus				71041			
- (yyacte	ons contributing to de	eath but not resulting	In the underlyle	catdo	PERF	ORMED?	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH2 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	10						
EXAMINER?  1   YES 2   NO										
3 Suicide 8 Could not be	28e. PLACE OF I building, etc	NJURY — Al home, farm, c. (Specify)	street, factory, off	196	City or Town, Ste	et and Number or Ri te)	ural Route Number,			
	PEARL  4. SOCIAL SECURITY NUMBER  212-22-7038  9e. FACILITY NAME (If not institution, give 816 N. BR  RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT  MD  10e. STREET AND NUMBER  816 N. BRAD  11. MARITAL STATUS  11. MARITAL STATUS  11. MAVER Married  2 Married  3/2 Widowed 4 Divorced  15. DECEDENT'S ED (Specily) only highest grac Elementary/Secondary (0-12)  8th  17. FATHER'S NAME (First, Middle, Lee) ROBERT FORD  19e. INFORMANT'S NAME (First, Middle, Lee) REBECCA HIL  20e. METHOD OF DISPOSITION  10 Burlel 2 Cremailon 3 Read  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LEAST Shock, or heart fellure immediate cause. Enter UNDERLYING CAUSE (Pleases or condition resulting in death)  Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions and the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	PEARL E. HILL  4. SOCIAL SECURITY NUMBER  212-22-7038  1	A SOCIAL SECURITY NUMBER  212-22-7038  1	A. SOCIAL SECURITY NUMBER 212-22-7038  5. SEX 1 M 2 XF 70 VRS.  6. AGE (In yrs. last birthday) 212-22-7038  6. AGE (In yrs. last birthday) 30. PACHLITY NAME (In on Institution, give street and number) 816 N. BRADFORD STREET  100. CITY, TOWN OR LOCA BALTIMOR  100. STREET AND NUMBER 816 N. BRADFORD STREET  11. MARTIAL STATUS 11. MARTIAL STATUS 11. MARTIAL STATUS 12. WAS DECEDENT EVEN IN U.S. ARMED PORCES? 1 YES 2 WNO IF YES, QVE WAR OR DATES  11. MARTIAL STATUS 13. DECEDENT'S EDUCATION 14. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPAN 17. PATHER'S NAME (First, Middin, Last) 18. DECEDENT'S EDUCATION 19. INFORMANT'S NAME (Pypa/Print) 19. NFORMANT'S NAME (Pypa/Print) 19. NFORMANT'S NAME (Pypa/Print) 19. NEFORMANT'S NAME (Pypa/Print) 19. NEFORMANT'S NAME (Pypa/Print) 19. MAILING ADDRESS (Street S16 N. BRA 1 DONATOR DETECTION OF DISPOSITION 1 STATE OF DISPOSITION 1 STATE OF DISPOSITION 1 STATE OF DISPOSITION 1 STATE OF DISPOSITION 1 STATE OF DISPOSITION 1 STATE OF DISPOSITION 2 STATE OF DISPOSITION 1 STATE OF DISPOSITION 2 STATE OF DISPOSITIO	A. SOCIAL SECURITY NUMBER  212-22-7038  1	PEARL E. HILL  4. SOCIAL SECURITY NUMBER  212 - 22 - 7038  5. SXX  212 - 22 - 7038  5. SXX  70 YRS.  5. SOUTHS DAYS SOURS SAME.  8. SCATTY, TOWN OR LOCATION OF DEATH  BALTIMORE, MD.  RESIDENCE OF DECEDENT  100. COUNTY  MD  100. STATE  100. COUNTY  MD  100. STATE  100. COUNTY  MD  100. STATE  101. COUNTY  MD  102. MANITAL STATUS  8. BAD FORD STREET  103. MAS DECEDENT OF HISPANC ORIGINAT (Specify Virginity of print)  104. STATE STATUS  105. DECEDENT SEDUCATION  (Specify Virginity of print)  105. STATE  106. CTY, TOWN OR LOCATION  BALTIMORE, CITY  107. PRESIDENCE OF DECEDENT  108. STATE  109. COUNTY  MD  100. STATE  101. DECEDENT SEDUCATION  (Specify Virginity of print)  102. MAS DECEDENT OF HISPANC ORIGINAT (Specify VIRGINITY (	PEARL E. HILL  4. SOCIAL SECURITY NUMBER  212-22-7038  5. SEX  8. AGE (in yrs. last birthoday)  FUNCENT YEAR FUNCES 188TH  AND TOWN MAY TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certifical

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN			
,	1. DECEDENT'S NAME (First, Middle, Last) Rosemary	Hill				2. DATE OF DEATH DO 10 10 10 10 10 10 10 10 10 10 10 10 10	991 YE	3. T	4:00Pm
		SEX 6. AGE (In		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH			ce (State or Foreign
OR	9a. FACILITY NAME (If not Institution, give atreet 8224 Carrbridge		1		or Location of DE		Ba.		nore Co.
DIRECTOR	10a. STATE 10b. COUNTY Maryland Alleg	gany		TOWN OR LOC					INSIDE CITY LIMITS?
	10. STREET AND NUMBER 719 Washington	Stroot		1	01. ZIP CODE 21502		10g. CITIZEN	OF WHAT	
FUNERAL	11. MARITAL STATUS 12 1 Never Married 2 Married	. WAS DECEDENT EVER IN I FORCES? 1 YES	S. NO	If yes,			or No- 14.	American Indian, ilta, atc.	
ED BY	3 Afridowed 4 Divorced  15. DECEDENT'S EDUCATI (Specify only highest grade con	ON pleted)	18a. DECEDENT'S US	TION	18b. KIND OF BU		M	Vhite	
COMPLETED		ollege (1-4 or 5+)	Cleric	retired.)		Celan	ese C	ompa	any
BE CO	17. FATHER'S NAME (First, Middle, Lest)  Joseph Carbine				211 22 22 22 22 22	ME (First, Middle, Maiden Carney	Surname)	Z	
TO B	19a. INFORMANT'S NAME (Type/Print) Rosemary Wi	ttstadt				Route Number, City or Tow Circle B			21204
	20a. METHOD OF DISPOSITION  1 🖾 Buriel 2 🗆 Cremation 3 🗆 Ramoval  4 🗆 Donation 5 🗀 Other (Specify)	from State 20b.	PLACE AND DATE OF	S & Pa	aul e	6+1-91 Cu	mberlar		
	21. SIGNATURE OF FUNERAL SERVICE LICENS		ski		and address of FA ly & Zei 1 Easter	cuty ler, Inc n Avenue	. Fun	eral	Homes
NOI	23. PART I. Emir the diseases, pr cpm andex, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate		WAL // CONSEQUENCE OF:	UFAT	cc770N				Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):						
PHYSICIAN: MEDICAL C	PART II. Other algorificent conditions of		t not resulting in	the underly	ing cause given in		RMED?	COL	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
SICIA		OSPITAL:		OTHER:	PLACE OF DEATH (Ch				
	27. MANNER OF DEATH  Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c.	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif		reet, factory, of	fica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	onel	N: To the best of my knowle						nuse(a) an	d manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	role	no		29c. LICENSE NU D266 3	-	≥ 5/3	GNED (MO	onth, Day, Year)
٩	0/0.00 5/1	7 50 OSCE		Print)	u basi	M 2/2	04.		2 4
	31. DATE FILED (Month, Day, 16a1)  JUN 04 1991  JUN	32, BEGISTRAR'S SIGNA Laurdson-Ran	TURE						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us has fined within 72 hours, after death with the State Deer, of Health and Mental Hodiene prior to burial, cremagn, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		STATE OF M	MARYLAND	/ DEPAR	RTMENT	OF H	EALTH DE A	AND I	MENTAL	HYGIEN			14301
	1. DECEDENT'S NAME (First,	Middle, Lest)	GUY T.O.		, .		100	,		2. DATE MONTH	OF DEATH	٧.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB 212-07-7680	)	5. SEX	6. AGE (In yrs. 98	last birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	DEC.	OF BIRTH , Day, Year) 27,1		Count	MD.
TOR	9a. FACILITY NAME (If not in MERCY MED.	CENTE							, CIT			9c. COUI	NTY OF D	EATH
DIRECTOR	10e. STATE MD.	10b. COUNTY	BALTIMO	RE	10c. CI	SPA		TION 7	7.					10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	100. STREET AND NUMBER  15315 WHEET  11. MARITAL STATUS	LER LA			*4'	1.0		. ZIP COD	211	O. 4			U.	S.A.
BY	1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES 2 ND IF YES, GIVE WAR OR DATES WW I			13. WAS DECENDENT OF HISPAT If yes, specify Cuban, Maxica 1 VES 2 NO Specifi				can, Puarto Rican, etc.) Bi			Blac	E — American Indian, k, Whita, stc.
COMPLETED	15. DEC (Specify only Elementary/Secondary (C 12	EDENT'S EDU y highest grade 0-12)	CATION completed)  College (1-4 or 5	+)	DECEDENT'S (Give kind of life. Do NOT L	work done ise retired.)	during mo	st of world	ing		KIND OF BUS			
BE CON	17. FATHER'S NAME (First, M JOHN GUY HO	OLLYDA	Y					VI	RGIN	IA M	Aiddle, Melden AY LAN	NAY		
10	GUY T. HOL	LYDAY			719 E	TELD	STR	EET.		TIMO	RE, MD.	21:	211	
	20a. METHOD OF DISPOSIT  1 Burial 2 Cremetic 4 Donation 5 Other  21. SIGNATURE OF FUNERA	(Specify)		of cemet GREI	CE AND DATE	CRE	of disposition (Name DATE 20c. LOCATION — City or Town, State BALTIMORE, MD. 2120.						D. 21202	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  4905 YORK ROAD  HENRY W. JENKINS AND SONS. BAI										BALT			
	23, PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in daeth)	lne.						THE STATE OF THE STATE OF		rest,	Approximata Interval Between Onset and Death Culary			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											Weeks		
ERTIFI	CAUSE (Disease or Inju- thet initiated events resulting in death) LAS		d.	(OR AS A CON	SEQUENCE (	OF):								
MEDICAL	PART II. Other significa	ent condition	na contributing to	death but no	ot reaulting	In the u	nderiyin	g cause	given in	Part I.	24a. WAS AN PERFOR	RMED?	241	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF	DEATH (CA	neck only or	nel			
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatien	3 🗆 DOA	OTHE 4 - Nu	R:	34_7		8 🗆 Othe				
BY PHYSICIAN:	27. MANNER OF DEATH  Natural 8  Accident	Pending Investigation	28s. DATE Of (Month, I	F INJURY Day, Year)	28b. Ti	ME OF JURY M		JURY AT ORK? YES 2	_ NO	28d. DES	CRIBE HOW	INJURY OC	CURED	
	2 Dulatda -	Could not be datermined	28e, PLACE ( building	OF INJURY — A , etc. (Specify)	t home, farm,	street, fac	tory, offic	ie.			ATION (Street or Town, State		r or Rural	Route Number,
COMPLETED	contain only		ICIAN: To the best of ER: On the basis of											(a) and manner as stated.
TO BE (	29b. SIGNATURE AND TITLE	OF CERTIFIE	Ma	ma	leg	,		29c. LH	CENSE NU	MBER 5 5	9	29d. DAT	E SIGNE	O (Month, Day, Year)
Ĕ	30. NAME AND ADDRESS O	52	Pun	10	Ples	e, Print)	./	Be	CI	km	ne.	me	0=	21202
	31. DATE FILED (Month, Day,	1991	932, REGISTR	AR'S SIGNATUR	ndell									



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH PEG NO.

HEGISTHAH		CE	NTIFIC/	AIE U	PUEATH	HE	a. NU.		
1. DECEDENT'S NAME (First, Middle, Last)	HOME	NG.				2. DATE OF DE	DAY	YEAR 3. TIME OF DEATH	
ESTELLE MARY	HOME					05		91	
4. SOCIAL SECURITY NUMBER 220-07-8199	5. SEX	6. AGE (In yrs. last		THE DAY		7. DATE OF BIR (Month, Day,	Year)	6. BIRTHPLACE (State or Foreign Country) MARYLAND	
9a. FACILITY NAME (If not institution, give s	treet end number)	0,5	9b.	. CITY, TOW	N OR LOCATION OF DE			NTY OF DEATH	
DEATON HOSPITAL 8	MEDICAL	CENTER	E	BALTI	MORE CITY		NO	NE ,	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y		10c, CITY, TO	OWN OR LO	CATION			10d. INSIDE CITY	
	MORE COU	NTY	BALTI	MORE				LIMITS? 1 ☐ YES 2 ☑ NO	
100. STREET AND NUMBER 4449 NORFEW ROAD					21227		1,23	S.A.	
11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. ARM YES 2 X No WAR OR DATES		If yee,	AS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—  14. RACE — American Indian, yee, specify Cuben, Maxicen, Puarto Rican, atc.)  15. Page 17. Pa				
15. DECEDENT'S EDU (Specify only highest grade		16a. DEC	EDENT'S USU	JAL OCCUPA done during	ATION most of working	16b, KIND	OF BUSINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 NONE	+) #fe.	DO NOT USO 19 OMEMAK	tired.)		OWN	HOME		
17. FATHER'S NAME (First, Middle, Last)			-		16. MOTHER'S NA				
HENRY YOUNG					SOPHIA	SEIGART			
19a. INFORMANT'S NAME (Type/Print)		19b	MAILING AD	DRESS (Stre	et and Number or Rural			Code)	
DEBORAH L. SIMONI		S	AME AS	# 10	)				
26a. METHOD OF DISPOSITION 1   ☐ Burlel 2 ☐ Cremetion 3 ☐ Rem	noval from State	other pla	ce)		cometery, crematory or		20c. LOCATION —	City or Town, State	
4 Donation 5 Other (Specify)		_ GLENHA	AVEN M		AL PARK		GLEN BI	URNIE, MD	
21. SIGNATURE OF FAMERIAL SERVICE U	The			SING	LETON FUN	ERAL HO		RNIE, MD 21061	
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	teo m	ULENCE OF: ULENCE OF: ULENCE OF:	Hea Lis	nt Fac	(de	eoze	Onset and Death	
PART II. Other significant condition	na contributing to	death but not n	esulting in t	ha undari	ying cause given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Diahete	joseul	en o	260	12		1	YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1   YES 2   NO	
25. WAS CASE REFERRED TO MEDICAL				26	, PLACE OF DEATH (C)	heck only one)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3		THER:	fome 5 🗆 Residence	6 Other (Spec	offy)		
27. MANNER OF DEATH  1 Netural 5 Pending	26e. DATE O		28b. TIME O	F 28c.	INJURY AT WORK?	T	E HOW INJURY OC	CURED	
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE building	OF INJURY — At her , etc. (Specify)	me, farm, stre			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN								ited. he cause(a) and menner as stated.	
296. SIGNATURE AND TITLE OF CENTIFIE	ER (W)	hous	Med	100	29c. LICENSE NU	MBER 672	29d. DA	TE SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON W	NO CUE	SE OF DEATH (ITE	M 27) (Type, Pri		5. Cher	les	at t	Balda mara	
24 DATE Ell ED (Month One Wood)	I so DECIOYE	AD'O CIONATUDE			, , ,	<del></del>	-		

BALTIMORE, MARYLAND 21203-3146 urs after death. Page 6 may be retained by the hospital or attend TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a substance death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as biled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

rmit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89

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Pages 1, 2, 3 should

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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be or		PORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH June Winfield **Brooks** Howard 1991 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) HOURS MIN. DAYS 219-12-8204 1 X M 2 - F Sept. 7 1919 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Mercy Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Harford Street 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3510 Millers Rd. 21154 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES Never Married 2 ☐ Married B 3 Widowed 4 Divorced White WW 11 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Laborer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Walter Howard Nannie B. Howard BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nannie C. McDermott 151 Church Lane, Cockeysville, Md. 21030 20a. METHOD OF DISPOSITION
Disposition
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Jessops Cemetery Sparks, Md 21. SIGNATURE OF FUNERAL SERVICE LICENS 22, NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld
Timonium, Md. 21093

23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate th, or haert fallure. List only one ceu Onset and Death IMMEDIATE CAUSE (Final Attended a doves disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to deeth but flot resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO E fen COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 6 Residence 6 Other (Specify) 1 Ninpetient 2 ER/Outpetient 3 DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b, TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED. 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

7445 A Furnace Branch Rd.,

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TO THE HOSPITAL OF THE FUNERAL DE FINE WITHIN 72 HORD WITHIN 72 HORD WITHIN 72 HORD WITHIN 11 IN

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296. SIGNATURE AND TITLE OF CERTIFIER

Ruben Reider,

04 1991

31. DATE FILED (Month, Day, Year)

MD.

1 - 32+ REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D

29d. DATE SIGNEO (Month, Day, Year)

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Glen Burnie.

Surs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

REGISTRAR  1. DECEDENT'S NA			C	CHIIF	ICATE O	F DEATH		REG. NO.				OF DEATH
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4, SOCIAL SECURIT	TY NUMBER	6. SEX 1 √2 M 2 □ F	6. AGE (In yrs. I	est birthday) YRS.	MONTHS DAYS		(Month	OF BIRTH (, Day, Year) /13/1	990	6. BIFTHE Country		tate or Foreign
		e street and number) KEY MEDICA	AL CENT	ER	96. CITY, TOW	H OR LOCATION OF D	EATH	/ 1. 3 / 1		ITY OF DE		•
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11. MARITAL STATU 1 Never Married 3 Wildowed 4	2 Merried		NT EVER IN U.S. A VES 2 (2) MAR OR DATES	2 200 If yes, specify Cuben, Maxican, Puerto Rican, etc.) Black,						, White, e	can Indian, itc.	
			16a. I	DECEDENT'S	B USUAL OCCUP/ work done during	ATION most of working	16b.	KIND OF BU	SINESS/IND		CK	
Elementary/Secondary (0-12) College (1-4 or 5+) Infant					Infant							
17. FATHER'S NAME (First, Middle, Last)					IIIIaiic	18. MOTHER'S N	AME (First, A	Viddle, Maiden	Surname)			_
Marcus		1.	Howard	d, S:	r.	Kei	sha	Bl	ick			
19a. INFORMANT'S		Blick				et and Number or Rura						
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	20s. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of Cametary, crematory of Other (Specify)  20c. LOCATION — City or Town, So of Cametary, crematory of Other (Specify)  20c. LOCATION — City or Town, So of Cametary, crematory of Other (Specify)  CCCCAT HILL  6/5 Balto., Md.									Md	•	
21. SIGNATURE OF	22. NAME AND ADDRESS OF FACILITY  James A. Morton & Sons  1701 Laurens St. BAlto., M  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line.  MMEDIATE CAUSE (Finel disease or condition.)									БM	2121	
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1	4. SOCIAL SECURITY NUMBER		S. AGE (In yrs. last birth	MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF (Month, I	BIRTH 8. Day, Year)	BIRTHPLAC	E (State or Fo	reign
	214-22-4026	1 M 2 F	/3 ·	RS.		1-3	30-1918	10	$\nu_{\prime}$	
_	9a. FACILITY NAME (if not institution, give a	treet and number)		9b. CITY,	, TOWN OR LOCATION OF I	DEATH	9c. COUNTY	OF DEATH		
DIRECTOR	1904 Etting Stre	et		Ba	1timore C	1/11	Balti	more	City	
딥	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	,	10-	c. CITY. TOWN C	OR LOCATION	9		10d.	INSIDE CITY	,
H	ma lud			BOI	Tima-0			-	LIMITS?	
	10e. STREET AND NUMBER			12///	101, ZIP COOE		10g. CITIZEI			NO
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FUNERAL	11. MARUTAL STATUS	12. WAS DECEDENT	EVER IN U.S. ABMED	13 1	WAS DECENDENT OF HISP	ANIC OBIGINS	Specify Yea or No. 14	PACE _ A	merican India	
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BY	3 Widowed 4 Divorced	IF YES, GIVE WA	N ON DATES		TES 2 PENO Spec	жу:		Specify /	xx	
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li i	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retired.)	during most of working					
10			HO	men	nakel					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	11			18. MOTHER'S N	AME (First, Mic	idie, Maideli Surname)			
W	JAmes 1	HAUNIS	e		Don	rothu	men	4		
00	19a. INFORMANT'S NAME (Type/Print)	//	19b. MA	AILING ADDRESS	S (Street and Number or Rura	I Route Number	; City or Town, State, Zip Cy	(do)		
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	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22.	MAME AND ADDRESS OF	FACILITY	- FUNE	10/1	tom	0
	Manual!	1 1/	. 1 /	2	0541171	Lets.	1	11 4	100	6.11
	23. PARTY I. Enter the diseases, or	complications that	caused the death	Do not enter	727-W/N/	NIH	TV CA 12191	10,11	Approxim	1/6
	shock, or heart fallure.			DO NOT BIRTO	the mode of dying, so	JCH SS Cardii	ic or respiratory sires	ι,	Interval B	etween
	IMMEDIATE CAUSE (Final disease or condition				1.	n.*		-	Onset and	J Death
	resulting in death)	•-			diovascular	Disea	se			
		DO 10 (C	OR AS A CONSEQUEN	ICE OF):						
Z	Sequentially list conditions,	b	OR AS A CONSEQUEN	ICE OE).						
ΙōΙ			ON AS A CONSEQUEN	toe orj.				j		
ATIO	If any, leading to immediate									
FICATIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	cDUE TO (C	OR AS A CONSEQUEN	ICE OFI:						
TIFICATIO	If any, leading to immediate cause. Enter UNDERLYING	c. DUE TO (C	OR AS A CONSEQUEN	NCE OF):						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	DR AS A CONSEQUEN	NCE OF):						
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d		-	ndarfyling cause given i	In Part I.	24a. WAS AN AUTOPSY PERFORMED?		E AUTOPSY F	
A.	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d		-	ndariying cause given i		PERFORMED?	CON	LABLE PRIOR	TO
A.	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d		-	ndariying cause given i		PERFORMED?	CON OF I	LABLE PRIOR IPLETION OF DEATH?	CAUSE
A.	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d		-	ndariying cause given i		PERFORMED?	CON OF I	LABLE PRIOR	CAUSE
A.	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	d to d		-	ndarfying cause given i		PERFORMED?  To yes 2X No  Inquiry	CON OF I	LABLE PRIOR IPLETION OF DEATH?	CAUSE
A.	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	d to d		Iting in the ur	26. PLACE OF DEATH (	Check only one)	PERFORMEO?  1 Tyes 2 X No  Inquiry	CON OF I	LABLE PRIOR IPLETION OF DEATH?	CAUSE
A.	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpatient 2	leath but not result in the second se	OTHE	26. PLACE OF DEATH (I	Check only one	PERFORMEO?  1 Tyes 2 X No  Inquiry	AVAI CON OF E	LABLE PRIOR IPLETION OF DEATH?	CAUSE
PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	d to d	leath but not result in the second se	Iting in the un	26. PLACE OF DEATH (I	Check only one	PERFORMED?  1 YES 2X NO  Inquiry  (Specify)	AVAI CON OF E	LABLE PRIOR IPLETION OF DEATH?	CAUSE
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	HOSPITAL: 1   Inpatient 2   26a. DATE OF II (Month, Day) 28e. PLACE OF	ER/Outpetlant 3 0 ENJURY (, Year)	OTHE	26. PLACE OF DEATH (the series of the series	Check only one) a 6 Other 28d. DESC	PERFORMED?  1 YES 2 NO  Inquiry  (Specify)  RIBE HOW INJURY OCCU	AVAI CON OF E	LABLE PRIOR OF DEATH?    YES 2 X	CAUSE
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL: 1   Inpatient 2   26a. DATE OF II (Month, Day) 28e. PLACE OF	ER/Outpetlant 3 0 ENJURY 28	OTHE	26. PLACE OF DEATH (the series of the series	Check only one) a 6 Other 28d. DESC	PERFORMED?  1 YES 2X NO INQUITY  (Specify) RIBE HOW INJURY OCCU	AVAI CON OF E	LABLE PRIOR OF DEATH?    YES 2 X	CAUSE
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1\(\times\) YES 2 \(\times\) NO  27. MANNER OF DEATH  1\(\times\) Natural 5 \(\times\) Pending investigation  2 \(\times\) Accident  3 \(\times\) Suicide 6 \(\times\) Could not be determined	HOSPITAL: 1 Inpatient 2 Information (Month, Day) 28e. PLACE OF building, e	ER/Outpetlant 3 0 ENJURY 28 INJURY At home, tc. (Specify)	OTHE	26. PLACE OF DEATH (1) R: reing Home 5 Residence 20c. NUMEY AT WORK? 1 YES NO	Check only one)  a 6 Other  28d. DESC  28f. LOCA  City of	PERFORMED?  1 YES 2 NO INQUITY  (Specify) RIBE HOW INJURY OCCU	ARAL CON OF I	LABLE PRIOR OF DEATH?    YES 2 X	CAUSE
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1\(\times\) YES 2 \(\times\) NO  27. MANNER OF DEATH  1\(\times\) Natural 5 \(\times\) Pending investigation  3 \(\times\) Suicide 6 \(\times\) Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 Information (Month, Day) 28e. PLACE OF building, e	ER/Outpetlant 3 0 ENJURY 28 INJURY At home, tc. (Specify) my knowledge, deeth of	OTHE	26. PLACE OF DEATH (1) R: rsing Home 5 Residence 28c. NPURY AT WORK? 1 YES NO tory, office	Check only one)  a 6 Other  28d. DESC  28f. LOCAl City of	PERFORMED?  1 YES 2 NO INQUITY  (Specify)  RIBE HOW INJURY OCCU  FION (Street and Number or Rown, State)	AMAL COM OF IT 1   RED  RED	LABLE PRIOR OF SEATH?  YES 2 M	TO CAUSE
PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1X YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  MEDICAL EXAMINE	HOSPITAL: 1   Inpatient 2   26a. DATE OF it (Month, Day) 28e. PLACE OF building, e	ER/Outpetlant 3 0 ENJURY 28 INJURY At home, tc. (Specify) my knowledge, deeth of	OTHE	26. PLACE OF DEATH (1) R: resing Home 5 X Residence 20c. INJURY AT WORK? 1 YES tory, offica  time, dete and pisca, and dispinion, deeth occurred at the	Check only one)  a 6 Other  28d. DESC  28f. LOCA  City of	PERFORMED?  1 YES 2 NO INQUITY  (Specify)  RIBE HOW INJURY OCCU  TION (Street and Number or Town, State)  (a) and menner as etated and place, and due to the	AMAL COMPONENT OF THE PROPERTY	LABLE PRIOR OF PLETION OF PARTY?  YES 2 X Number,	TO CAUSE  NO  etated,
E COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1\(\times\) YES 2 \(\times\) NO  27. MANNER OF DEATH  1\(\times\) Natural 5 \(\times\) Pending investigation  3 \(\times\) Suicide 6 \(\times\) Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL: 1   Inpatient 2   26a. DATE OF it (Month, Day) 28e. PLACE OF building, e	ER/Outpetlant 3 0 ENJURY 28 INJURY At home, tc. (Specify) my knowledge, deeth of	OTHE	26. PLACE OF DEATH (IR: reing Home 5 A Residence 26c. INJURY AT WORK?  1 YES NO tory, offica  time, dete and pisca, and diopinion, deeth occurred at time.	Check only one  a 6 Other  28d. DESC  28f. LOCA  City of  the to the cause the time, data s	PERFORMED?  1 YES 2 NO INQUITY  (Specify)  RIBE HOW INJURY OCCU  FION (Street and Number or Rown, State)  (a) and menner as etated and place, and due to the calculated and place.	AMAL COM OF IT IT IT IT IT IT IT IT IT IT IT IT IT	LABLE PRIOR PRETION OF SATHY?  YES 2 M  Number,  manner as a mith, Day, Year)	NO started.
BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFFIER (Check only one)  MEDICAL EXAMINER  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFFIER (Check only one)	HOSPITAL: 1   Inpatient 2   26a. DATE OF II (Month, Dey 28e. PLACE OF building, e	ER/Outpetlant 3   [ NJURY / Year)   28 INJURY — At home, tc. (Specify)   19 my knowledge, deeth omination and/or investigation.	OTHE OOA 4 Nur No. TIME OF INJURY M farm, street, fact	26. PLACE OF DEATH (1) R: resing Home 5 X Residence 20c. INJURY AT WORK? 1 YES tory, offica  time, dete and pisca, and dispinion, deeth occurred at the	Check only one  a 6 Other  28d. DESC  28f. LOCA  City of  the to the cause the time, data s	PERFORMED?  1 YES 2 NO INQUITY  (Specify)  RIBE HOW INJURY OCCU  TION (Street and Number or Town, State)  (a) and menner as etated and place, and due to the	AMAL COM OF IT IT IT IT IT IT IT IT IT IT IT IT IT	LABLE PRIOR OF PLETION OF PARTY?  YES 2 X Number,	NO started.
E COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1X YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  MEDICAL EXAMINE	HOSPITAL: 1   Inpatient 2   26a. DATE OF II (Month, Dey 28e. PLACE OF building, e	ER/Outpetlant 3   [ NJURY / Year)   28 INJURY — At home, tc. (Specify)   19 my knowledge, deeth omination and/or investigation.	OTHE OOA 4 Nur Ib. TIME OF INJURY M farm, street, fact occurred at the tatlgation, in my of	26. PLACE OF DEATH (IR: reing Home 5 A Residence 26c. INJURY AT WORK?  1 YES NO tory, offica  time, dete and pisca, and diopinion, deeth occurred at time.	Check only one)  a 6 Other  28d. DESC  28f. LOCAl City of  tue to the caus the time, data s  UMBER	PERFORMED?  1 YES 2 NO INQUITY  Specify)  RIBE HOW INJURY OCCU  FION (Street and Number or Rown, State)  e(a) and menner as etated and place, and due to the company of the	RED  Rural Route  . cause(a) and BIGNEO (Mor	Number,  I manner as a sixth, Day, Year)	NO started.

DHMH-16 Rev 1/89

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TO BE COMPLETED BY FUNERAL DIRECTOR

injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	91	14986
1. DECEDENT'S NAME (First, Middle, Last)  Trving		son		2. DATE OF DEATH	97	12/1/4
263 01 1539	1 1 1 1 1 2 □ F 8		UNDER 1 YEAR IF UNDER 24 HRS.  ITHS DAYS HOURS MIN.		910 M	INTHPLACE (State or Foreign ountry) ARYLAND
		aspital "	Fallston	EATH	Be. COUNTY O	(
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  NA DVI AND  DATE			OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	IMORE	PERF	Y HALL  101. ZIP CODE			OF WHAT COUNTRY?
9700 CROSS ROAD	12. WAS DECEDENT EVER I		21128 13. WAS DECENDENT OF HISPAN		U.S. (	RACE — American Indian.
1 Never Merried 2 Merried 3 N Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuben, Mexica 1 TYES 2 NO Specify			Black, White, etc. Specify: BLACK
15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S USE (Give kind of work life. Do NOT use re	done during most of working	18b. KIND OF BUS	INESS/INDUSTF	W
0-6		SUPERVISO				ROWS POINT)
17. FATHER'S NAME (First, Middle, Lost) SAMUEL JOHNSON				ME (First, Middle, Meiden S		
190. INFORMANT'S NAME (Type/Print)			DRESS (Street end Number or Rural			
MRS. H JEANNETTE	20	b. PLACE OF DISPOSITION	OSS ROAD PERR ON (Name of cemetery, crematory or	Y HALL, MA	RYLAND CATION — City of	
1  Burlel 2  Cremation 3 Ram 4 Donation 5 Other (Specify)	A	SBURY METH			E MARSI	H,MD. BALTO CO
21. SIONATURE OF FUNERAL SERVICE LI	J Sw	fun	22. NAME AND ADDRESS OF FA LEWIS T. GWYNN 4517 PARK HEIG	FUNERA1		21215-6393 ORE MARYLAND
23. PART i. Enter the diseases, or shock, or heart failure.	complications that cause List only one cause on a	d the death. Do not				Approximata Interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS	Entrice A CONSEQUENCE OF):	ley heard	failu	re	Onset and Death
Sequentially list conditions,	a Pul	Incoran	4	main		
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):				
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	s of the I	1 de		
PART II. Other significant condition	na contributing to death	but not reaulting in t	ha undarlying cause given in	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
As	cites			1 TES 2		COMPLETION OF CAUSE OF DEATH?
70	mal ins	udrim	4	-		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PLACE OF DEATH (C)	neck only one)		
1 U YES 2 DATO  27. MANNER OF DEATH	1 28a. DATE OF INJURY (Month, Day, Year)			6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	ED
1 Natural 5 Pending 2 Accident Investigation	6-2-	91	M 1 YES 2 NO			
3 Suicide : 8 Could not be 4 Homicide detarmined	building, etc. (Sp.	IY — A1 home, farm, atre	et, factory, office	281, LOCATION (Street a City or Town, State)	ind Number or A	ural Route Number,
const.			nt the time, data end place, end due in my opinion, death occured at the			use(s) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	- n	מט	29c. LICENSE NU	MBER 5715	29d. DATE SIG	ONED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	PEATH (ITEM 27) (Type, Pr	504 Leu	ric St Li	- 0 000 0	26000 110
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE .	10 JUTILEA	1.500	avicy)	Everce MD
JUN 04 1991	John Savidson	Randopp				

1, 2, 3 should

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	or to burial, cremation, or removal.	The St. is morted or item 23 shows any injury or other traumatic event the medical examiner must be notified at once
death cert	e attending	ental Hygie	ury or of
that the	ed by th	th and M	any ini
requires	een sign	of Heal	chowe
we law	has b	Dept	23
JAN: Th	rtificate	he State	or iten
HYSIC	his ce	with th	per
NING P	After ti	Jeath 1	mar
TEND	TOR: /	after c	28 le
OR A	DIREC	DOUTS	lam.
TAL	RAL I	127	1 11 1
HOSE	FUNE	within	TAMP

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR RICHARD R. JACKSON 91 6:00 SR 6 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 12-15-06 1 M 2 | F DAYS HOURS MIN. 212-09-8696 85 YRS. MISSISSIPPI 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MERIDIAN MULTI MEDICAL BALTIMORE TOWSON RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE TOWSON 1 YES XX NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 21204 7700 YORK ROAD U.S.A. 12. WAS DECEDENT EVER IN SARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 VES 2 NO Specify: 1 Never Marfled 2 Married Specify: BY 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Secondary (0-12) OWNER PAINT STORE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) EVERETT ELIHU JACKSON FAY LEANARD BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROBERTA JACKSON FARR 4815 KESWICK ROAD. BALTIMORE, MD. 21210 20s. METHOD OF DISPOSITION

NE Burial 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, Stata PARSONS CEMETERY 6/4/9] SALISBURY, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 HENRY W. JENKINS AND SONS. BALTIMORE, MD. 10 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line Interval Bety IMMEDIATE CAUSE (Final Onset and Desth disease or condition ASCUD reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): multe - in faret dementi CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CHE CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i, 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 TES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHE OTHER: 1 TYES 2 NO rising Home 5 - Rasidence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, etreet, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER

(Chack onto)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 \_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ► 6/3/91 Durilia Bener D08583 2

14 West Mt. Vernon Place



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

his were Bridell

Dr. William Benedict

04 1991

31. DATE FILED (Month, Day, Year)

IMPORTAN

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Balto. Md.

ITEMS: 23,27 pe	er ME	DEL	ETE
ITEMS:23,27 pe G-677 7/26/91 ITEMS:23 thru	cm 28f	per	ME
G-676 6/26/91		_	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	O.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			IME OF DEATH
Avon	Joh	nson			06 01		91 7	:30 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLAC	E (State or Foreign
212-46-0237	'AL " - L	13 YRS.	MONTHS DAYS	HOURS MIN.	272574			more, MI
9e. FACILITY NAME (If not institution, give statements)  20 N. Gilmor Str RESIDENCE OF DECEDENT			»ы сту, тожы о Baltimor	e LOCATION OF DE	ATT.	9c. COUNTY Balt		City
100. STATE 10b. COUNTY MARYLAND		10c. CITY	BALTIM	ON MORE CI	TY			INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 20 N. GILMORE	STREET		101.	ZIP CODE 21 22	3	10g. CITIZEN		COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If yes, spe		IIC ORIGIN? (Specify Yon, Puerto Ricen, etc.)	ies or No— 14	RACE — A Black, Whi	merican Indian.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S I (Give kind of w life. Do NOT use	USUAL OCCUPATIO ork done during mos e retired.)	N It of working	16b. KIND OF B	USINESS/INDUS	TRY	27-
	College (1-4 or 5+)	Cons	truction					
17. FATHER'S NAME (First, Middle, Last)  JAMES PERRY					ME (First, Middle, Maide IAN JOH)			
19a. INFORMANT'S NAME (Type/Print) LILLIAN JOHNSO	N		ADDRESS (Street ar		BALTII			1223
20a. METHOD OF DISPOSITION  1 Dental 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		ARBUTUS"			6/8 AR	BUTUS,		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	tett		O DY LIBERT	CETT & SO Y HEIGH	ON FUN	ERAL NUE	HOME 21207
shock, or heert fellura.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ACQUIRE			SYNDROME	E WITH COM	IPLICAT:	IONS	Interval Betwee Onset and Deat
Sequentially liet conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7:					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	ን:					
PART II. Other algolificant condition	s contributing to death	but not resulting i	n the underlying	cause given in	PERF	AN AUTOPSY ORMED? 2 NO	CON OF I	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH	HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
1 X YES 2 □ NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/O				6 C Other (Specify)  26d, DESCRIBE HON	V IN HIRV OCCIE	DED.	
1 Netural 6 Pending 2 Accident Investigation	(Month, Day, Year		URY WO	RK?	200. DESCRIBE NO	, maoni 0000	1,	
A 0.1-14-	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, a pecify)	street, factory, offic		261. LOCATION (Streetly or Town, Sta	et and Number or ite)	Rural Route	Number,
one)	CIAN: To the bast of my kn							d manner as stated.
	3			29c, LICENSE NU	MBER	29d, DATE 5	SIGNED (Mo	rith, Day, Year)
Donald & C	Vingle MD			O.C.M.		▶ 06	-	
30. NAME AND ADDRESS OF PERSON WHI					Baltimore	e Marvl	and 2	21201
31. DATE FILED (Mogity, Day, Maer) 1991	32, REGISTRAR'S SI		7					

CALLEY STREET	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospit	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		sembranes to the market on them 60 about an infinite or alkee businesses the modified arounds an addition and
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	IR AT	RECT	NITS 3	-
1	DAL O	AL D	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	40 94
	OSPI	JNER	ithin	-
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	TO	T O	E FI	

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / L CE		ICATE				WENTA	REG. NO		91	14989
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	Florence	Jenkins							MONT		3	Q1	(19:43) M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest I	birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH			PLACE (State or Foreign
	218-26-9444	1 □ M 2 💢 F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	01	h, Day, Year) 23 1	900	VTR	GINIA
	9a. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY	TOWN C	R LOCATI	ON OF DE	ATH			INTY OF DE	
E I	Union Memor	cial Hosp	ital		Ba	ltim	ore	City					
DIRECTOR	RESIDENCE OF DECEDENT				1			-					
F	10e. STATE 10b. COUNT	TY			ry, TOWN C		ION					4	10d, INSIDE CITY LIMITS?
	MARYLAND			B	ALTIM								1 X YES 2 NO
MA	10e. STREET AND NUMBER					101	. ZIP COD				10g. CIT		HAT COUNTRY?
Ä	718 WEST 3	_						2121				USA	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. ARM ☐ YES 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ED )		If yes, sp		n, Mexica	n, Puerto	Y? (Specify Yo Rican, atc.)	es or No—	14. RACE Black, Specifi	- American Indian, White, etc.
0	15, DECEDENT'S ED		16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON		168	. KIND OF B	USINESS/IN	DUSTRY	
ᄪ	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	Hin I	Do NOT L	work done	auring mo	at or world	ng					1, 197.71
P.	6TH			HO	JSEWI	FE							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First,	Middle, Maide	n Sumame)		
BE (	AMOS KNIGHTI	NG						ELEA	ANOR	DODSC	N		
10	19e. INFORMANT'S NAME (Type/Print)		19b.							ber, City or To			
-	ELEANOR JACKSON							TREE	_	BALTO.			
	20a. METHOD OF DISPOSITION 1 → Burlel 2 □ Cremation 3 □ Re	moval from State	20b. PLACE A of cemetary, of	remator	v or other p	lace)			1	E 20c. L			
	21. SIGNATURE OF FUNERAL SERVICE 1	-	PLEASA	NT			ETERY			91 OW	INGS	MILL	S, MD.
	0 00	/ /	(1)						ACTION 1	R. FUN	IERAL.	HOME	
	· a glas	2 Deck	dh						-				21211
CERTIFICATION	shock, or heart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO		JENCE (	DF):	~ h	-	F	20	ure_			Interval Between Onset and Death
2	PART II. Other algolificant condition	no contribution to	double had not as		for Alexander	e al calculu	2 - 1046	from to	Don't I			. Law	WERE AUTOPSY FINDINGS
N: MEDICAL	A	vsinz	deeth but not re		in the un	ilderryth	g ceuse	given in			N AUTOPSY ORMED?	240.	MANABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ZIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				,		LACE OF I	DEATH (Ch	eck only o	ne)			
Sic	1 TES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 [	DOA	4 Nu		ne 5 🗆 R	esidence	6 🗆 Oth	er (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation		Day, Year)	N	A M	1 [	JURY AT DRK? YES 2 [	N/A	28d. DE	P/h	INJURY O	CCURED	
	3 Suicide 6 Could not b 4 Homicida determined	28e. PLACE ( building	OF INJURY — At hon , etc. (Specify)	no, form,	A.	tory, offic	te		261. LO	CATION (Street or Town, State	t and Numb	er or Rural R	loute Number,
COMPLETED	deel only	SICIAN: To the best o											) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIF	ER /					29c. LIC	ENSE NU		2 .			(Month, Day, Year)
TO B	1 Ju	form	7 1	1 1				339	37	36	0	6.03.	91
F	30. NAME AND ADDRESS OF PERSON V	M.D.	UNION	M	on, Print)	1	HOS	PYIML		_J. V			
	MAY 04 1991	32. REGISTA	AR'S SIGNATURE	2									

antibule of each

Haltdoore City

Indicated Labrana | no. 1

BALTIMORE, MARYLAND 21203-3146

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and which state Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. DING PHYSICIAN; The law requires that the death certificate be executed within TO THE HOSPING TO THE FLINE BE filed within IMPORTANT. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,				Tof	forec	n			2. DATE C	PF OEATH	Y001	YEAR	3. TIME OF DEATH
	Margaret Jefferson May 29, May 29, May 1:50								-					
	214 389820	1	1 🗌 M 2 💢 F	75	YRS.	- Y	AYS	HOURS	MIN.	6 (Month,	One Mach	1915	Country)	Md.
	9e. FACILITY NAME (If not in	stitution, give st				9b. CITY, T	O MWC	R LOCATI	ON OF DE				TY OF DE	
OR	Maryland Ge		Hospital				Ba1	timo	ore (	City				
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		10c. CITY	r, TOWN OR	LOCAT	ION						10d. INSIDE CITY
DIR	Md.				1//	Bal	tin	nore					- 1	LIMITS?
FUNERAL	100. STREET AND NUMBER 4605 Hampi	nett 1	Ave.				101.	ZIP CODE	224			10g. CITI	ZEN OF WI	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 3 Widowed		FORCES?	NY EVER IN U.S. ARI I YES 2 XIN MAR OR DATES						IIC ORIGIN? n, Puerto Ri	(Specify Yellicen, etc.)	or No-	Bleck,	- American Indian, White, etc. WHITE
8	15. OEC (Specify onl	EDENT'S EDUC	CATION completed)	16e. DE	CEDENT'S	USUAL OCC	UPATIO	IN et of workin	na	16b.	KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 6	+) ife.	Cle	vork done dui e retired.)					DMV			
BE CON	17. FATHER'S NAME (First, M	bert	C	lark				16. MOT	-	ME (First, M	iddle, Maiden	1	luge	~
TO B	190. INFORMANT'S NAME (1	,,	son	198		ADDRESS (			r or Rural I	Route Numbe	er, City or Tow			21224
	20e. METHOD OF OISPOSIT 1	ION on 3 - Reme		20b. PLACE other pla	nonl	SITION (Name	1		matory or	7		CATION -		
	21. SIGNATURE OF FUNERA					22. N/	ME AN	O ADDRE	SS OF FA	ĆILITY	1 & 5	ions		
	1 Jan	res C	a. Mo	rton									, Mo	d. 21217
	23. PART I. Enter the d shock, or h	liseasea, or d	complications the	at caused the de	ath. Do n	not antar ti	ne mo	de of dy	ing, suc	h aa card	ac or reap	Iratory an	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Findisease pricondition	nai	Ast	iration	pneu	monia								Onset and Death
	resulting in death)	<b>→</b>	a	O (OR AS A CONSE										-
Z			h											
CERTIFICATION	Sequentially list condit if any, leading to imme	diate	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
5	cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events		cOUE TO	OR AS A CONSE	QUENCE OF	F):								+
	resulting in death) LAS	т	d											
	PART II. Other algorifica	ant condition	a contributing to	death but not r	esuiting i	in the und	erivino	cause	given in	Pert i.	24s. WAS AP	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL						., .,,					PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
										_	1 123	angs no	- 1	OF DEATH? 1 YES 2 NO
_														
CA	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	28. PL	ACE OF E	DEATH (Ch	eck only one	9)			
PHYSICIAN:	1 TYES 2 NO		1 inpatient 2	ER/Outpetlent 3	DOA 28b, TIM	4 🗆 Nursir		o 5 □ R	esidence	6 Other	(Specify) CRIBE HOW	IN ILIBA UC	CHOED	
		Pending Investigation		Day, Year)	iNJ	IURY M	WO	RK? YES 2 [	_ NO	200. 000	OTHIDE TION		001120	
D 8Y	2 Accident 3 Suicide 6	Could not be	26e. PLACE	OF INJURY — At he	me, farm, s	street, factor	y, offic	•			ATION (Street or Town, State		r or Runal Ro	oute Number,
	4 Homicide	determined		( create (capacity)						Oily C	i iowii, oiaie	,		
COMPLETED	(Orack Oray		CIAN: To the best of											end manner as stated.
	29b. SIGNATURE AND TITL	e or centirie	W	110				29c. LIC	ENSE NU	MBER		29d. DAT		(Month, Day, Year)
TO BE	HIFE	onto	1	> M.T.	•				n/a	a		•	5/2	9/91
-	30. NAME AND ADDRESS O		t, M.D.	USE OF DEATH (ITE		Mary	1 20	od Ca	more	1 Ho	eni to	7		
	31. DATE FILED (Month, Day,	Year)	32, REGISTR	AR'S SIGNATURE		riary	таг	id Ge	TICLO	11 IIO	oprta	<u> </u>		
	MAY 04 199	91 9	- Julia Das	idson-Rand	- 22									

1, 2, 3 should

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR			Entir	ICATE	· UF	DEATH	REG	. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	1			-			2. DATE OF DEA	TH DAY 5-3	30-91	3. TIME OF DEATH
Lewis E		son					April	30	91	10:38
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRT (Month, Day, Yo		8. BIRTI	HPLACE (State or Foreign
239-26-3862	1 2-18 2   F	69	YRS.				7-6	-21	No	7/16 CANOLON
9s. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN (	OR LOCATION OF D	EATH	9c. C0	DUNTY OF	DEATH
THE JOHNS HOPKINS	HOSPITAL			BALT	CIMO	RE CITY		BA	LTIMO	RE CITY
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			100 007	Y, TOWN O						10d, INSIDE CITY
the state			10c. C11	I, IOWN O	1-	ion .				LIMITS?
10e. STREET AND NUMBER			1	2141	110	nero				VET YES 2 NO
104. STREET AND NUMBER	/ /	1			101	ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?
1205 HSh1	and	Hue.	,		0	41202			u.	3,14.
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2				ENDENT OF HISPA			14. RAC Blec	E American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES		1 1	☐ YES	2 NO Specif	ly:		502	alty:
15. DECEDENT'S EDUC	- 00 -	- California	CECENTIE	USUAL O	CHIDATI	DN .	16P KIND (	OF BUSINESS/	C	IACK
(Specify only highest grade	completed)	(G	live kind of Do NOT u	work done i	during mo	ist of working	IOU. KIND	or bosiness/	MDOSTRI	
Elementary/Secondary (0-12)	College (1-4 or 5	+)								
17. FATHER'S NAME (First, Middle, Last)				_	_	NA MICTIARITY NA	AME (First, Middle, A	Anidan Cumami	1	
En	(ahno	de a s				7	time (1 irst, miodio, in	IK	,	
/19a. INFORMANT'S NAME (Type/Print)	onns			Annacas	- Chancel	and Humber or Rigal	da .	021	The Control	
Share To The Manual Share Shar	1200	1 8	7/	5/1	Joseph .	ina number or riging	gam number, city	170	12	to I amore
204. METHOD OF DISPOSITION	Bean		110-	7	AR	ung	055 K	0c. LOCATION	1100	1111.21.27
1 Buriel 2 Cremation 3 Rem	oval from State	20b. PLACE of gernetary	crematon	v or other p	ISITION	(Name)	CANE 2	C. LOCATION	L City or I	6 State
4 Donation 5 Other (Specify)	ENCEE	- 13/98	1150	100	LON	PS / / D ( E	13/2	DHII.	11. 6	0. 1110.
21. Signature of Forenat Service Lie	C			22.	OS	eph -	CUSS F	-UNC	rA	Sucost
Hoseph L	. KUS	1		2	522	2 WIN	orth A	110, 1.	splh	mr. 21216
immediate Cause (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate	5 P	(OR AS A CONSE	MO COUENCE O	ard	id	Condic	retion	Arr	-51	Onset and Dest
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE		DF):				-0		Orgoin
PART II. Other algnificant condition	a contributing to	deeth but not	resulting	in the ur	nderfyin	g cause given in	Part I. 24a. V	AS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS
	a ca			7 .:	1	di evi	P	ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
				3.	1			YES 2 NO	- 1	OF DEATH?
			1							1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					24 0	LACE OF DEATH (C	hack only one!			-
EXAMINER?	HOSPITAL:	7 5000		OTHE	R:					
1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		28b. Til			ne 5 🗆 Residence	6 Other (Speci		OCCUPED	
1/Natural 5 Pending	(Month, I	Day, Year)	100.11	JURY	W	ORK? YES 2 NO	260. DEŞCHIBE	NOW INJUNT	OCCURED	
2 Accident Investigation	28e BLACE	OF INJURY — At h	ome form	etanat for			26f. LOCATION (	Change and Alice	Ani as Com	Deute Member
3 Suicide 6 Could not be 4 Homicide determined	building	etc. (Specify)	Olive, larin,	street, lac	tory, orin		City or Town		ADER OF PILITEE	Proute Number,
29a. CERTIFIER							1			
(Check only										(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R .					29c. LICENSE NU	IMBER	29d. I	DATE SIGNE	D (Month, Day, Year)
	_					J195		•	5/	3,/91
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH (ITI	EM 27) (Typ)	e, Print)		01.8	-		1	1
A. FRY										
31. DATE FILED (Month, Day, Year)	_ / 32. REGISTR.	AR'S SIGNATURE	-71							
31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	2							

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

1

(Peter Paul Kinger) 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ET 10 - 15AM 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 6. AGE (In yrs. last birthday) Pennsylvania 11-10-Pages 1, 2, 3 should 9c. COUNTY OF DEATH RCH MOSPITAL DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY Maryland Baltimore City 1 X YES 2 NO permit. 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE FUNERAL 518 South Bond Street 21231 United States funeral director, page 5 should be detached for use as the burial-transit 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White WWIT COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) Craine Operator Bethlehem Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at Ester Kemzure BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 5 Genevieve Kinger 518 South Bond Street Balto., MD 21231 must be 20s, METHOD OF DISPOSITION
1 💢 Burlet 2 □ Cremation 3 □ Removal from State
4 □ Donation 6 □ Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Oak Lawn Cemetery Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lilly & Zeiler, Inc. Funeral Homes 1901 Eastern Avenue Balto.,MD 21231 attending physician and completely filled in by the mal Hygiene prior to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory streat, shock, or heart fellure. List only one cause on each line. **Approximats** interval Between **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition resulting in death) SEPS15 dath certificate be executed within event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): WOUND INEESTION. 4BDOMINAL CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): een inner attending phy of Health and Mental Hygiene that initiated events PNEUMONIA resulting in desth) LAST certificate has been income after hithe State Dept. of Health and Mental 4, or Item 23 shows any injury, PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE RENAL RAILURE 1 TYES 2 WINE OF DEATH? 1 YES 2 NO HOSPITAL DR ATTENDING PHYSICIAN: The law requi PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Sinpatiant 2 ER/Outpetient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?

1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED with t marked, 1 Natural 5 Pending Investigation L DIRECTOR: After thi 2 hours after death w f item 28 is mark INJURY BY 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At horse, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h IMPORTANT: H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month Dis 불북를 2 2 3 2 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADD 100 N - CHIRCH MESS LOMAS 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 04 hia Davidson-Randelle JUN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CE	THE STATE OF	ICATE	UF	DEATH	REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)			KRA	HN			2. DATE OF DEATH	3	9ªAR	3. TIME OF DEATH 8:12 PM
	Barbara 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest			I		7. DATE OF BIRTH		A DIST	
	220-36-2614	5. SEX 1 □ M 2 💢 F	50	YRS.	MONTHS I	DAYS	HOURS MIN.	(Month, Dey, Year) Sept. 23,	1940	Count	IPLACE (State or Foreign ly) Insylvania
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, T	O MWO	R LOCATION OF DE			NTY OF D	
TOR	Franklin Square				Ros	svi	.11e		BA	LTIM	ORE
E E	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR	LOCATI	ON				10d, INSIDE CITY
DIR	MD Balt:	imore		Ba	altimo						1 YES 2 NO
FUNERAL DIRECTOR	9407 Belair Road	f					ZIP CODE			JSA	WHAT COUNTRY?
3	11. MARITAL STATUS		T EVER IN U.S. ARI		13. W	S DECI	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No-		E — American Indian, k, White, atc.
BY F	1 Never Married 2 Married 3 Vidowed 4 Divorced	IF YES, GIVE V	YES 2 N	0			2 NO Specify	n, Puerto Rican, etc.)		Spec	
8	15. DECEDENT'S EDU	CATION	16a. DEG	CEDENT'S	USUAL OCC	UPATIO	N	16b. KIND OF BU	SINESS/IN	DUSTRY	
1	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	ilfe.	Do NOT us	work done dui se retired.)	nng mos	it or working	at hor	me		
를	12 years -		Hou	ısewi	fe			40 1101	ii.C		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NAI	ME (First, Middle, Malden	Surname)		
BE (	Clement Marches	ski					Elizah	eth Latsk	0		
TO B	19a. INFORMANT'S NAME (Type/Print)	1910						Toute Number, City or Tow		ip Code)	120
=	David Krahn		92	107 E	Belair	Rc	ad Balt	co., MD 2	1236		
	26a. METHOD OF DISPOSITION  1 □ Burial 2 □ Cremation 3 □ Ram  4 □ Donation 8 □ Other (Specify)	oval from State	20b. PLACE of cemetary, Green		or other place				cation – timoi		own, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	0200.	1 1100			D ADDRESS OF FAC		0211102	,	
	> bui L E	baret					on Funer		Balti	imore	21204 e, MD
EDICAL CERTIFICATION	shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	Seve	re Meta	boli WENCE O	INTO			of maked 1	Jam.	امرا	Interval Batween Onest and Death
2	PART II. Other significant condition	an annielle silve is	death but not a		In the read	a mile al me a					b. WERE AUTOPSY FINDINGS
B	Arrhthmia	- Contributing to	Geen Dut not I	vauring	iii uie uiu	wriging	cause given in	PERFO	RMED?	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE
à	Seizure							1 TYES	NO		OF DEATH?
Σ								-			1 TYES 2 NO
AN	Hypotension 25. WAS CASE REFERRED TO MEDICAL				-	26 PI	ACE OF DEATH (Ch	eck only one)	_		
20	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DO4	OTHER:			6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE O	FINJURY	26b. TIN	AE OF	Bc. INJ	URY AT	28d, DESCRIBE HOW	INJURY O	CCURED	
9	Netural 5 Pending	(Month, I	Day, Year)	IN.	JURY		PRK?				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined		OF INJURY — At ho , etc. (Specify)	me, farm,	street, factor	ry, offic		28f. LOCATION (Street City or Town, State	and Numb	er or Rural	Route Number,
1	29a. CERTIFIER		-			_					
COMPLETED	(Check only							to the cause(a) and me time, deta and piece, a			(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	" John	S N	>	1		29c. LICENSE NUI	MBER	29d. DA	TE SIGNE	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Tun	n. Print)				_	7-	/ "
	The second secon	EPHENS	9000 F	rank	lin	Sq.	∄r. Ba	ito. MD	21237	7	ACT AL
	31. DATE FILED (Month, Day, Year)	Lie Registra	Mandall					ilto. MD			
	JUN U 4 1991 🔑	14001									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ı	1. DECEDENT'S NAME (First,	Middle, Last)	L.	Mae IIA <b>M</b> AN	KERN					2. DATE O	1,	199		3. TIME OF DEATH
	233-50-4158	3	5. SEX	6. AGE (In yrs,	last birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS, MIN,	7. DATE Of	Day Year)	1005	Count	APLACE (State or Foreign
	9a, FACILITY NAME (If not ins	,	23		THS.	ah CIT	V TOWN	OR LOCATI	ON OF D		E 23,		W.	VIRGINIA
	UNION MEMOI											96. 000	MIT OF L	EATH
	RESIDENCE OF DEC	EDENT	HUSPITAL			- 23	נענאָם,	r IMOR	ال ال	LI				
	10a. STATE	10b. COUNT	тү		10c. CIT	Y, TOWN	OR LOCA					7.1		10d. INSIDE CITY LIMITS?
- 10-	MD.					BALTIMORE, CITY								1 X YES 2 NO
	10e. STREET AND NUMBER						10	1. ZIP COD		22		10g. CIT		WHAT COUNTRY?
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	11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO NO	13	If yes, sp	CENDENT Cube	in, Maxica	NIC ORIGIN? in, Puarto Ri y:	(Specify Yea	a or No—	14. RAC Blac Spec	E — American Indian, k, White, etc.
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	N/A			.D	OMEST	IC H	OUSE					-KEEI	PING	HF IP
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	BETTY L. RE		nC'		2609					Route Numbe BALTII				3
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ı	21, SIGNATURE OF FUNERAL		JCENSEE	_ [10110.	LII CI CI C			ND ADDRE						21212
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STATE				
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

01	11	0	0	C
91	14	7	7	-

	1. DECEDENT'S NAME (First	, Middle, Last)		- 1					]	2. DATE OF C			3. TIME OF DEATH		
	(2 1 6	3.5	CHAR	LES H. F	OHLE	Rr						199	8:25 AM		
	4. SOCIAL SECURITY NUMBER	BER	8. SEX	6. AGE (In yrs. ie	st birthday)		R 1 YEAR		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)     MD .			
	220-36-063	4	1 M 2 - F	66	YRS.	MONTHS	DAYS	HOURS	MIN,	DEC.	13,192	4	"MD.		
_	Se. FACILITY NAME (If not in	nstitution, give a	street and number)			9b. CIT	9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF OEATH								
DIRECTOR	1128 N. (	Charle	es Stree	et		Ra.	ltin	nore	2		на:	_imo	re City		
Ä	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN	TOWN OR LOCATION					10d. INSIDE CITY LIMITS?			
ā	MD.	BAL	TIMORE			BAL	TIMO	RE			1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER						10				10g	10g. CITIZEN OF WNAT COUNTRY?			
Ä	1000	35 BAY DRIVE							212	20		S.A.			
BY FU	11. MARITAL STATUS  Never Married 2   3 Widowed 4 Dive		12. WAS DECEDED FORCES? IF YES, GIVE V	YES 2	ES 2 NO If yes, specify Cuben, Mexical						RACE — American Indian, Black, White, atc. Specify: WHITE				
9		EDENT'S EDU			e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				16b. KINO OF BUSINESS/INOUSTRY						
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P	12		4	ELI	ECTIC	AL E	NGIN	EER		STATE OF MARYLAND			AND		
Ö	17. FATHER'S NAME (First, A	fiddle, Lest)									le, Maiden Surna	me)			
BE	CHARLES H.	KOHLE	IR					EN	ILY	GARVEY					
5	190. INFORMANT'S NAME ( MISS. FMIL		OHLER								Olty or Town, Sta BALTIM		. 21201		
	20a. METHOD OF DISPOSIT	on 3 🗆 Ram	noval from State	20b. PLACI of cemetar NEW	ATHE	DRAL	POSITION Place) CEIV	(Name	RY	6/4		MORE, M	own, Stata D. 21229		
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE			22	. NAME A	ND ADDR	ESS OF FA	CILITY	05 VOR	K DO	vm 21212		
1	P.J. Ruth  HENRY W. JENKINS AND SONS. BALTIMORE, MD.									TIMORE, MD.					
CERTIFICATION	Sequentially list condition in the sequential of the sequential of the sequence of the sequenc	ediate ING ury	b	O (OR AS A CONSE	EOUENCE O	PF):	aru,	LOVE	1300						
CER	resulting in death) LAS	" (	d												
	PART II. Other significa		_		resulting	In the u	ınderlyir	g ceuse	given in	In Part I. 24s. WAS AN AUTOPSY PERFORMED?			b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
2	Chronic	c Alc	ohol Ab	use									COMPLETION OF CAUSE OF DEATH?		
: MEDICAL	Morbid	Obe	seity							_			1 YES 2 NO		
MA	25. WAS CASE REFERRED	TO MEDICAL			-		26. P	LACE OF	DEATH (Ch	eck only one)					
S	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		ne 8 10	Residence	8 Other (St	activ)				
PHYSICIAN:		Pending	28e. DATE O		28b. Til		28c. IN	JURY AT ORK? YES 2			BE HOW INJUR	Y OCCUREO			
ED BY	2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE ( building	OF INJURY — At h	ome, farm,	street, fa	ctory, offi	00			ON (Street and A bwn, State)	umber or Rural	Route Number,		
COMPLETED	(Orrook Orny	TIFYING PHYS	SICIAN: To the best o	f my knowledge, c	leath occur	red at the	time, dat	and place	ce, and due	to the cause(	s) and manner	e stated.			
Š	one) 2 MEC	DICAL EXAMIN	ER: On the besis of	examination and/o	r investigati	on, in my	opinion,	death occ	ured at the	time, data and	d place, and du	to the cause	(a) and manner as stated.		
B	29b. SIONATURE AND TITLE	E OF CERTIFIE	1 1	MO					O.C.	MBER M.E.	29		1 1991		
5	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAL	SE OF DEATH (IT									-		
	Donald	Mani	Wrig		11	1 P	enn	St	reet	,Balt	imore	Mary	land 2120		
	31. DATE FILED (Month, Day	1991		AR'S SIGNATURE	indell										
		1001	4												

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OHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to build committen, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, 1991

32. BEGISTRAR'S SIGNATURE

DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATN
JAMES FRANCI	SKANE					05 - 2		91	2:05 A
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	J -		IPLACE (State or Foreign
217 28 0534	1)∕∏(M 2 □ F	57	YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2-26-34		Ma	aryland
a. FACILITY NAME (If not institution, give			1		R LOCATION OF DE	ATN	9c. COL	INTY OF D	
SACRED HEART	HOSPITA	L		CUMI	BERLAND			ALL	EGANY
Da. STATE 10b. COUNT	1legany C	lo.		TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
0e. STREET AND NUMBER						-	40. 00		1 YES 2 NO
13207 5th Av	enue			107	21502		10g. CI1	USA	WHAT COUNTRY?
1. MARITAL STATUS	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If yes, sp	ENDENT OF NISPAR ecify Cuben, Maxice 2 NO Specifi	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No-	14. RACI Black Spec	
☐ Widowed 4`☐ Divorced		51 + (K	orean)		NO				White
"15, DECEDENT'S EDI (Specify only highest grad	JCATION e completed)		Give kind of wo	SUAL OCCUPATION of done during mo	ON st of working	16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 -	-)	n. Do NOT use		i Driver	Vel	ไดพ −	Cab (	Co
9th			bar cent	uel/lax.				cab (	
. FATHER'S NAME (First, Middle, Last)	**					ME (First, Middle, Maiden Hollenbach			
Edward Bernard	Kane								
a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow		2 15	0.2
Shirley Kane	Wife	3	13207	oth A	venue, c	resaptown,	MD	213	02
METHOD OF DISPOSITION		001 01 40	E AND DATE (			000 10	CATION	Ott 7.	0.00
□ Burial 2 □ Cremation 3 □ Rar □ Donation 5 □ Other (Specify) □			ry, crematory o	OF DISPOSITION or other place)	(Name	GUTY State	Anat	_	Board
0a. METHOD OF DISPOSITION    Burial 2   Cremation 3   Rar   Donation 6   Other (Specify)  1. SIGNATURE OF FUJERAL SERVICE L  23. PART 1. Enter the diseases, or	CENSEE ROMA	of cemeta	, Dir /91	22. NAME AN	(Name ND ADDRESS OF FA . Baltim	State ore St, Ba	Anat lto.	omy ,MD	Board 21201
□ Burial 2 □ Cremation 3 □ Rar □ Donation 5 □ Other (Specify) □	complications the	of cemeta	, Dir /91 death. Do no	22. NAME AN	(Name ND ADDRESS OF FA . Baltim	State ore St, Ba	Anat lto.	omy ,MD	Board
Burial 2 Cremation 3 Rar Donation 9 Other (Specify)  1. SIGNATURE OF FUIERAL SERVICE L  23. PART 1. Enter the disease, or ahock, or heart failure  MMEDIATE CAUSE (Final disease or condition	complications the Liet only one cau  b	of cemeta  Id Wade  6/3,  It coused the case on each life	, Dir /91 death. Do no no.	or disposition or other place)  22. NAME AN 655 W  at anter the mo	(Name ND ADDRESS OF FA . Baltim	State ore St, Ba	Anat lto.	omy ,MD	Board 21201 Approximate Interval Betw
Burial 2 Cremation 3 Rar Donation 5 Other (Specify)  1. SIGNATURE OF FUPERAL SERVICE L  23. PART 1. Enter the diseasea, or shock, or heart failure shock, or heart failure disease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complicationa the List only one cau  a	of cemeta  d Wade  6/3,  t ceused the case on each life  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS	, Dir /91 death. Do no na. EQUENCE OF:	or disposition or other place)  22. NAME AN 655 W  at anter the mo	ND ADDRESS OF FA  Baltim  de of dying, suc  Disca	COLUTY State ore St, Ba	Anat lto.	omy , MD :	Board 21201 Approximate Interval Betw
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Densition 3 Rer Donation 9 Other (Specify)  I. SIGNATURE OF FUNERAL SERVICE L  23. PART I. Enter the disease, or ahock, or heart failure  MMEDIATE CAUSE (Final lisease or condition esulting in death)  Sequentielly list conditions, if eny, iseding to immediate lisease or right in the initiated events esulting in death)  PART II. Other aignificant conditions are in the initiated events esulting in death)  Sequentielly list conditions, if eny, iseding to immediate listance. Enter UNDERLYING AUSE (Disease or injury heat initiated events esulting in death) LAST  PART II. Other aignificant conditions.  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Sequentielly list conditions are injury heat initiated events esulting in death) LAST	complications the List only one cau  a. Due to Due	of cemeta  d Wade  6/3,  It coused the cose on each list  (OR AS A CONS  (OR AS A	EQUENCE OF:	of Disposition of other place)  22. NAME AN 655 W  at anter the mo  Authorized the underlying th	IND ADDRESS OF FA  Baltim  da of dying, such  Disconnection  Grand And Andrew  Baltim  Andrew  Baltim  Andrew  Baltim  Control  Baltim  Control  Baltim  Control  Baltim  Control  Baltim  Control  Baltim  Control  Baltim  Control  Baltim  Control  Baltim  Control  Baltim  Control  Baltim  Control  Baltim  Control  Baltim  Control  Baltim  Control  Baltim  Control  Baltim  Control  Control  Baltim  Control  Balti	Part I. 24a. WAS AN PERFOR 1 YES 2	Anat Ito.	OMY , MD :	Board 21201  Approximate interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do

## STATE OF MADVIAND / DEPARTMENT OF UPAITU AND MENTAL INVOICEME

FOR STATE REGISTRAR	STATE OF MARYI	AND / DEPARTM			MENTAL HYGIEN	E	14771
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
MARY AG	ANES	KNIS	SLEY		05 29	91	7:15 PM M
4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. 1	BIRTHPLACE (State or Foreign Country)
210-18-0777	1 M 2 K F	O YRS.	NTHS DAYS	HOURS MIN.	JULY 4, 19		RGINIA
9a. FACILITY NAME (If not institution, give a	treet and number)	96	. CITY, TOWN O	LOCATION OF DE		9c. COUNTY	OF DEATH
NORTH ARUNDEL HOS	PITAL ASSOC	TATION	GLEN B	URNIE		A . A	. COUNTY
RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY	,	10c CITY TO	OWN OR LOCATI	ON			10d, INSIDE CITY
		1000		ON			LIMITS?
MARYLAND ANNE	ARUNDEL	GLEN	BURNIE	ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?
7885 GORDON CT.	APT 550		1000	THE R. P. LEWIS CO., LANSING, MICH.			
11. MARITAL STATUS		IN U.S. ARMED		1060	NC ORIGIN? (Specify Yes	U.S.	A .  RACE — American Indian.
1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, spe		n, Puerto Rican, etc.)	Gride III.	Black, White, etc. Specify:
3 🖟 Widowed 4 🗌 Divorced	W TES, GIVE WAN ON I	AILS	1 1 1 1 1 1 1	Z ES NO Specif	<i>y</i> .		WHITE
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USI (Give kind of work			16b. KIND OF BUS	SINESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	or working			
4TH	NONE	HOMEMAKER	R		OWN I	HOME	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)	
HARRY WILLIS				DOROTH	Y (UNKNOWN	1)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	DRESS (Street ar	d Number or Rural	Route Number, City or Tow	n, State, Zip Coo	de)
MARY WOOD		17 SWEE	ET GUM	RD. HOWE	ELL, NEW JE	ERSEY C	7731
20a METHOD OF DISPOSITION	oval from Stata	b. PLACE AND DATE OF	F DISPOSITION	(Name	DATE 20c. LO	CATION — City	or Town, State
4 Donation 5 Other (Specify)		SAVAGE CEME				AGE, M	IARYLAND
21. BIGNATURE OF FUNERAL BERVICE LIC	ENBEE /	-0		ETON FIIN	CILITY VERAL HOME		100
1 amie of	Lebec	X				RIIRNT	E, MD. 21061
23 PART I. Enfer the diseeses, or	complications that cause	d the death. Do not					, Approximata
Assessment account of	List only one cause on						Interval Between Onset and Death
disease pr condition resulting in death)	metastat:	2 Carci	moma	0	+ unq		mortis
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):		0	<u> </u>		
The second secon	e. Meta state  Due to (or as  b. Due to (or as	D bswact	NC.	Xung	Nizzasa		yeary
	DUE TO (OR AS	A CONSEQUENCE OF):		V			V
CAUSE (Diseese or Injury	C						
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
	d						
PART II. Other significant condition	s contributing to deeth	but not resulting in t	tha underlying	cause given in			24b. WERE AUTOPSY FINDINGS
					PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
							1 YES 2 NO
					_		
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	neck only one)		
EXAMINER?	HOSPITAL: 1 physical 2 ER/Ou		THER:	S - Residence	8 C Other (Specify)		
27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJ	JRY AT RK?	28d. DEŞCRIBE HOW	NJURY OCCUR	ED
1 Netural 5 Pending 2 Accident Investigation	(Motor, Day, 1927)	III.		ES 2 NO			
3 Suicide 8 Could not be	28e. PLACE OF INJUF building, etc. (Sp	Y — At home, farm, atre-	et, factory, office		281. LOCATION (Street City or Town, State)		Rural Route Number,
4 Homicide determined		,			ony ar rown, anato,		
29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my kno	wiedge, death occurred a	at the time, date	and place, and due	to the cause(a) and ma	nner as stated.	
anal:	ER: On the basis of examinati	on and/or investigation, i	in my opinion, d	eth occured at the	time, data and place, ar	d due to the c	ause(a) and manner as stated.
29b. SIGNATURE AND TITILE OF CERTIFIE	R	0		29c, LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
1/2	200	no		- D19	5/2		-30-9/
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pri	int)	/			/
DR.SANG C.DOH. M.	D./1600 CRAI	N HIGHWAY	SW./GL	EN BURNI	E, MD. 210	61	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE			,		
IIIN 4 1991	Alia Davidson	Randall					

TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trip be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	I within 24 mours after death. Page 6 may be retained by the hospital or attending provides	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner and manner. Pages 1, 2, 3 should	, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 687	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending previous	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) Michael Kulbic	ki Jr.					June	of DEATH	19th	91EAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 214-14-8564	5. SEX	6. AGE (In yrs. las	st birthday) YRS.	IF UNDER 1 YE		7. DATE	OF BIRTH		V	HPLACE (State or Foreign try) Md.	
9a. FACILITY NAME (If not institution, give 120 N. Linwood A	street and number)				wn or Location of D more City		1/13/2		INTY OF I		
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  Md.	Υ		10c. CIT	Raltii	ocation more City					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 120 N. Linwood A					101. ZIP CODE 21224	1. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AI 1 2 YES 2 1 WAR OR DATES		If yes	DECENDENT OF HISPA s, specify Cuben, Mexic YES 2 NO Speci	an, Puerto I		e or No—	Blac	I4. RACE — American Indian, Black, Whita, etc. Specify:	
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) Unk.	Completed) College (1-4 or 5 Unk .	i+) (C	Bive kind of a. Do NOT u	work done during retired.) Worker	ng most of working		KIND OF BU		DUSTRY		
17. FATHER'S NAME (First, Middle, Last) Michael Kulbicki		-4117			Jadwig	a Mis	skiel				
19a. INFORMANT'S NAME (Type/Print) Florence Kulbick	i	19			reet and Number or Rural Wood Ave.		ber, City or Too Limore			224	
20a, METHOD OF DISPOSITION 1			E AND DAT	re of Disposit by or other piace slaus	TION (Name	DAT	E 20c. L	cation -	- City or T	own, State	
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	- 1		22 NAM	ME AND ADDRESS OF F	ACILITY	281	8 F	Ro1	timore St.	
23. PART I. Enter the diseases or shock, or heart fallure	complications th			В. 1	Dabrowski n mode of dying, eu		n Bal	timo	re.	Md. 21224 Approximate	
23. PART I. Enter the diseases or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications the		€.	B. I	mode of dying, eu		n Bal	timo	re.	Md . 21224 Approximate interval Between	
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shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH Natural 5 Pending investigation 2 Accident 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	complications th List only one ce  s. DUE To  b. DUE To  c. DUE To  d. DUE To  d. List only one ce  s. DUE To  c. DUE To  d. List only one ce  s. DUE To  c. DUE To  d. List only one ce  s. DUE To  s. DUE To  d. List only one ce  s. DUE To  s. D	OF INJURY—At high etc. (Specify)	EOUENCE CEOUENCE COUENCE CEOUENCE COUENCE CEOUENCE CEOUENCE CEOUENCE CEOUENCE CEOUENCE CEOUENCE COUENCE CEOUENCE COUENCE CEOUENCE CEOUENCE COUENCE COUENCE CEOUENCE CEOUENCE CEOUENCE CEOUENCE CEOUENCE CEOUENCE C	DF):  OF):  OF):  OF):  OTHER: 4   Nursing ME OF 4   Nursing ME OF 1, atreet, factory, rred at the time	riying csuse given in Residence c. INJURY AT WORK?	n Part I.  Sheck only o  6 Other  286. LOcal	24e. WAS A PERFO 1 VES  TO (Specify) SCRIBE HOW  CATION (Stree or Fown, State use(a) and many a and place, to	N AUTOPSY PRIMED?  2 NO  INJURY Oct and Number)	rest, rest, 24 cccureD or or Rural	Approximate interval Betwee Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Dec Onset and Dec Onset and Dec Dec Dec Dec Dec Dec De	

injury, or other traumatic event, the medical examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item as information
The second of th	be filed within 72 hours after death with the State Day and
and the mending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR: After this confication has been as a second of the second of
liam greater that the destricte be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	CAN: THE

	FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF I				14999	
	1. DECEDENT'S NAME (First, Middle, Last)	ctor King	CNIIFI	CATE OF	DEATR	2. DATE OF DEATH		3. TIME OF DEATH	
	233 44 6990	5. SEX 6. AGE (in yrs. ia	est birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	929	BIRTHPLACE (State or Foreign	
TOR	99. FACILITY NAME (If not institution, give aire  1910 Tolson Ave  RESIDENCE OF DECEDENT			96. CITY, TOWN Dund	alk	EATH	Paltimore Co.		
DIRECTOR	Md. 106. COUNTY Balt	imore	10c. CITY, TOWN OR LOCATION Dundalk				10d. INSIDE CITY LIMITS? 1 YES 2 A NO		
FUNERAL	1910 Tolson		10f. ZIP CODE 21222				10g. CITIZEN OF WHAT COUNTRY		
BY FU	11. MARITAL STATUS 1 Never Married	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 ☐ YES 2 ☐ IF YES, GIVE WARF OR DATES 1951 -1953		If yes, s		NIC ORIGIN? (Specify Yei in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC: (Specify only highest grade of Elementary/Secondery (0-12)	completed) ((	Give kind of w le. Do NOT us	USUAL OCCUPAT york done during me e retired.)	ost of working	16b. KIND OF BU		Pγ	
BE CON	17. FATHER'S NAME (First, Middle, Lest) Homer K	ing			16. MOTHER'S NA Emma	ME (First, Middle, Maiden Hunt	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print) Teresa King. Wif					Route Number, City or Tow Baltimore.			
	20s. METHOD OF DISPOSITION 1.6 Buriel 2 Cremation 3 Remort 4 Donation 5 Other (Specify)	20h PLAC	E AND DATE	OF DISPOSITIO	N /Name	DATE 20c.10	CATION - CHY		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Buylin	1.	Bruzo	ind address of fa Izinski F	uneral Hom Ave. Balt	e P.A.		
	23. PART I. Enter the disease, or concluded the second sec	ist only one cause on each lin	tic	Acc	ode of dying, suc		iratory arreat		
ATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease Dr Injury that initiated events resulting in deeth) LAST								
MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part						N AUTOPSY RMED? 2  NO	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)			
YSIC	EXAMINER?	HOSPITAL:  1   Inpetient 2   ER/Outpetient	_			6 Other (Specify)			
ву рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY V	HJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCUR	EU	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm,	street, factory, off	ice	28f. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	CONSUM OTHY	CIAN: To the bast of my knowledge, on the basis of examination end/o							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Men s	17		29c. LICENSE NU	33447	29d. DATE S	IGNED (Month, Day, fear)	
10	30. NAME AND ADDRESS OF PERSON WHO Kenneth H. Willia				ling Road	Raltimore	MD 21	228-4140	

DHMH-16 Rev 1/89

apply a like that

Service and Aug Co.

STEEN 61 or willed .evalousled .e. of .e. often .e.

BALLIMORE, MARTLANI	if within 2 mours after death. Page 6 may be retained by the host	ampletely filled in by the funeral director, page 5 should be detache	u, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BEX 86/80,	TO THE HOSPITAL OR ATTENDING PHYSICIANS. The law requires that the desired by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attended by the funeral director, page 5 should be detached.	be filed within 72 hours after death with the State Dept. or Health and Menta Hydere war to by	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other transfer event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E -	31 15000
1. DECEDENT'S NAME (First, Middle, A)	VERA CATHERIN	NE KOVELESI	ΚY	2. DATE OF DEATH DA MAY 31,19	91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-22-1933  9a. FACILITY NAME (If not institution	1 🗆 M 2 💯 F	76 YRS. MON	INDER LYEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.  CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) NOV. 25, 191		BIRTNPLACE (State or Foreign Country) ARYLAND
116 WINS	STON RD.		PASADENA		Α.	
MD . 106. STREET AND NUMBER	COUNTY		TIMORE  101. ZIP CODE		10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 X YES 2 NO OF WHAT COUNTRY?
526 S. NEW	12. WAS DECEDENT EVER	IN U.S. ARMED	21224 U.S. S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Year or No.— 14. RAC			
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES "	1 TYES 2 X NO Specif	ly:		Specify: WHITE
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	college (1-4 or 8+)  1 YEAR	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most of working tired.)			
17. FATNER'S NAME (First, Middle, La COURTNEY		1 HORE 1		AME (First, Middle, Malden		
194. INFORMANT'S NAME (Type/Print PATRICIA SO)	OLIS	19b. MAILING ADD	RESS (Street and Number or Rural 116 WINSTON			
20s. METHOD OF DISPOSITION 1 1 Surfel 2 Cremation 3 C 4 C Donation 6 C Other (Specific Structure) 21. SIGNATURE OF FUNERAL SERV	Ramoval from State	Ob. PLACE AND GATE OF OF COMMENT	CEMETERY  22. NAME AND ADDRESS OF FI	6/3/91 BAI	TIMORI	PATAPSCO AVE.
shock, or neer to shock, or ne	b. OP  DUE TO (OR AS	A CONSEQUENCE OF):	Jarlins			Interval Betwee Onset and Dasi
	nditions contributing to desth	but not resulting in the	ne underlying couse given in	Pert I. 24e. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)		
1  YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O	utpetient 3 DOA 4 DOA 4 TY 28b. TIME OF	Nursing Nome 6 Residence	6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCUP	RED
1 Netural 5 Pendin 2 Accident investi 3 Suicide 6 Could 4 Nomicide determ	26e. PLACE OF INJU not be building, etc. (S)	RY — At home, farm, stree pecify)	M 1 YES 2 NO	28f, LOCATION (Street City or Town, State)		Rural Route Number,
(Orack Oray	PNYSICIAN: To the best of my kn XAMINER: On the basis of exemina					ause(a) and manner se stated.
296. SIGNATURE AND TITLE OF CI	neanew		D 24	334	29d. DATE 8	10 NEO (Moleth, Day, Year)
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI	NU CAN-	<u> </u>			
JUN 1 0 4 1991	hia Davidson	Mandell				